

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2841 Jarboe
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **1** (Specify whether
 years, months or days)
 In this community **35 Years**

3. (a) PRINT FULL NAME **JULIA EHLER**
3. (b) If veteran, name war **No** **3. (c) Social Security No.** **NO**

4. Sex **F** **5. Color or race** **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Frank** **6. (c) Age of husband or wife if alive** **years**
7. Birth date of deceased **Jan. 13 1872**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	69	10	16	hr. min.

9. Birthplace **Mexico** **Missouri**
 (City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

11. Industry or business
12. Name **Johanna Kemper**
13. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)
14. Maiden name **Martha E. Early**
15. Birthplace **Kentucky**
 (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Martha E. Early**
(b) Address **4141 Holly, K. C. Mo.**

17. (a) Burial **(b) Date thereof** **Dec. 2, '41**
 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Montross, Missouri**

18. (a) Signature of funeral director **H. J. ...**
(b) Address **7406 Wornall Rd.**

19. (a) **11/41** **(b) M. M. Crowe**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **2841 Jarboe**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **11** day **29** year **1941**
 hour **5:30 P.** minute **M.**
21. I hereby certify that the death of the deceased from **Acute pulmonary edema**
Acute myocardial infarction
Acute coronary occlusion
Coronary arteriosclerosis
 ... to ... 19...
 that the deceased was alive on ... 19...
 and that death occurred on the date and hour stated above.
 Immediate cause of death

Other conditions
Major findings: **Of operations** **Of autopsy**
94a
Aberty

PHYSICIAN
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature **M. M. Crowe** **(M. D. or other)**
Address **K. C. Mo.** **Date signed** _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Harley Roe
working under my personal supervision.

....., Registered Apprentice No.....

Signed: *Harley Roe*

Licensed Embalmer No. *2816*

P. O. Address *K. C. Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.