

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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: St Joseph Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community 20 yrs.

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. 3241 Paris (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Nelle Dryden 6:35

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 28th year 1939 hour 6:50 minute P. M.

4. Sex 7 5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife S. V. Dryden

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased Sept. 25 1875 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 14 1939 to Sept 28 1939; that I last saw her alive on 9-28 1939; and that death occurred on the date and hour stated above.

8. AGE: Years 64 Months 0 Days 3 If less than one day no hr. min.

Immediate cause of death Carcinoma of Breast

Due to 50

9. Birthplace Leis Summit Mo. (City, town, or county) (State or foreign country)

Other conditions no (Include pregnancy within 3 months of death)

10. Usual occupation House wife

11. Industry or business no

MOTHER FATHER

12. Name H. C. Williamson

13. Birthplace unknown Ill. (City, town, or county) (State or foreign country)

14. Maiden name Emily Eldridge

15. Birthplace unknown Ill. (City, town, or county) (State or foreign country)

Major findings: Of operations no

Of autopsy no

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature S. V. Dryden

(b) Address 3241 Paris K.C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 30 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Leis Summit Mo.

18. (a) Signature of funeral director M. M. Browne

(b) Address Leis Summit Mo.

19. (a) Sept 30 1939 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? no (Specify type of place) (e) Means of injury no

28. Signature M. F. Sewell (M. D. or other)

Address 1000 E. Armour Date signed 9/28/39

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed H. B. Langford
Licensed Embalmer No. 3833
P. O. Address P.O. Summit 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, above space should be left blank.