

Registration District No. 399Primary Registration District No. 1002Registrar's No. 4704

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:
1215 Askew Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution ---
 (Specify whether
 In this community 32 Years
 years, months or days)

3. (a) PRINT FULL NAME Mrs. Marie A. Giddings ³⁵⁹3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Marr.
 6. (b) Name of husband or wife Mr. Fred A. Giddings 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased July 30 1882
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 4 13 hr. min.9. Birthplace Chariton Iowa
(City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business ---12. Name James DeWitt13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Mary Parker
15. Birthplace Unknown
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Marie A. Giddings(b) Address 1215 Askew A.C. Mo.17. (a) Burial (b) Date thereof Dec. 14, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill18. (a) Signature of funeral director D. H. Newcomer's Sons(b) Address 1401 Brush Creek Blvd.19. Dec. 12, 1939 (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. 1215 Askew Avenue
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12th
year 1939 hour 2 minute 20 A. M.21. I hereby certify that I attended the deceased from March 19
1939 to December 8, 1939;
that I last saw her alive on December 8, 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Cachexia
maritimaDue to CarcinomatosisDue to Carcinoma of rectum smallOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 46

Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. ---)Address 1002 Professional Bldg Date signed 12-12-39

2-4:30

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.....

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

Signed George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.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, above space should be left blank.