

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1275

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:
2843 Troost Ave
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Maria Mc Morrow 256

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fe 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased No Record
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 82 hr. min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

12. Name No Record

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature H. C. Bergman
 (b) Address 4306 Mill Creek Pky

17. (a) Burial (b) Date thereof Mar 21- 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Bergman funeral Home
 (b) Address 4306 Mill Creek Pky
 19. (a) Mch 22, 1940 (b) Registrar's signature M. M. Browne
(Date received local registrar) (Specify type of place)

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")
2843 Troost Ave
 (d) Street No. 2843 Troost Ave
(If rural, give location)
 (e) If foreign born, how long in U. S. A. ?..... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20
 year 1940 hour 7-pm minute..... M.

21. I hereby certify that I attended the deceased from March 17th 1940 to March 20 1940
 that I last saw her alive on March 20 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic Pneumonia Duration 3 days

Due to.....
 Due to..... 1075

Other conditions
(Include pregnancy within 5 months of death)
Serology

Major findings:
 Of operations.....
 Of autopsy.....

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?

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

23. Signature S. J. Davis (M. D. or other) Davis
 Address 907 West 11th St Date signed.....

MARGIN RESERVED FOR BINDING
 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.

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 *Nancy E. Bergman*

Licensed Embalmer No. 2041

P. O. Address.....

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.