

15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1512

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:  
Research Hospital,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Since July, 1939  
(Specify whether  
In this community Unknown,  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Marie Harriett French

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

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

6. (b) Name of husband or wife Frank H. French, 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased. February 27 Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
about 62 years 1 10 hr. min.

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

10. Usual occupation at home,

11. Industry or business x 9

12. Name Unknown,

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

14. Maiden name Unknown,

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

16. (a) Informant Mrs. E. M. Cortelyou,

(b) Address 421 W. 61st St., K. C., Mo.

17. (a) Burial, (b) Date thereof 4-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas.

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) April 8, 1940 (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. 3400 Holmes,  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7th,  
year 1940 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 4, 1939  
to April 7, 1940,  
that I last saw her alive on April 2, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Hypostatic Pneumonia

Due to Hemiplegia (left-sided)

Due to Cerebral apoplexy

(July 30, 1939)

Other conditions Hypertensive Heart Disease - Arterio-sclerosis

(Include pregnancy within 6 months of death)

Major findings: 9510

Of operations

Of autopsy

Duration

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? \_\_\_\_\_

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

23. Signature J. O. Chambers (M. D. or other)

Address 1174 Professional Bldg Date signed 4/8/40

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

MOTHER FATHER

Dr. James Chambers, Jr.

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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.....

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

Signed.....

Licensed Embalmer No.....

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.**