

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: **Jackson**

(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:
3212 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **in A. Gen. Hospital**
In this community **28 yrs** to **3-25-40** (Specify whether years, months or days)

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. **3212 Charlotte**
(If rural, give location)

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

3. (a) PRINT FULL NAME **AGNES YAGER** **260**

3. (b) If veteran, name war. **None** 3. (c) Social Security No. **None**

4. Sex **Femal** 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. **Nov 7 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	6	1	hr. _____ min.

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

10. Usual occupation **at home**

11. Industry or business _____

12. Name **James W. Yager**

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

14. Maiden name **Wilda May Smith**

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

16. (a) Informant's own signature **Mrs. E. R. Baucom**

(b) Address **2704 East 31 St.**

17. (a) **Burial** (b) Date thereof **May 10 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Greenlawn Cem.**

18. (a) Signature of funeral director **Mrs. C. L. Forster**

(b) Address **918 Brooklyn Kansas City Mo.**

19. (a) **May 10, 1940** (b) **M. M. Groom**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **8th**
year **1940** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from **12-29-39**, 19____, to **5-8-40**, 19____;
that I last saw h. **AT** alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
CARCINOMA OF STOMACH WITH PARTIAL OESOPHAGEAL OBSTRUCTION AND MALIGNANT CYSTADENOMA OF OVARY
Tummy - stomach

Due to _____

Due to _____ **41-**

Other conditions. (Include pregnancy within 3 months of death)

Major findings: **See cause of death**

Of operations _____

Of autopsy **See above**

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)

(a) Means of injury **1**

23. Signature **R. E. De Maria** (M. D. or other)
Supt. A. C. Gen. Hospital, K. C. Mo.
Address _____ Date signed _____

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically

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 B. H. Wise

Licensed Embalmer No. 2590

P. O. Address Kansas City

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.