

399

1002

Registrar's No. **1972**

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

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: General Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Day (Specify whether  
In this community 8 Years years, months or days)

3. (a) PRINT FULL NAME Frances Daniel **5167**  
3. (b) If veteran, name war No 3. (c) Social Security No. 496-03-7740

4. Sex Fe. 5. Color or race W. 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Leland Daniel 6. (c) Age of husband or wife if alive Unknown years  
7. Birth date of deceased Dec. 8 1915  
(Month) (Day) (Year)

8. AGE: Years 24 Months 5 Days 3 If less than one day  
hr. min.

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

10. Usual occupation Gerns Garment Factory **6**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Alvin Wood **D**  
13. Birthplace Richmond Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Jessie Moore  
15. Birthplace Richmond Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Jessie Blann  
(b) Address Richmond, Mo.

17. (a) Burial (b) Date thereof 5-11-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunny Slope, Richmond, Mo.

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

(b) Address 918 Brooklyn Kansas City Mo.  
May 12, 1940

19. (a) \_\_\_\_\_ (b) M. M. Brown  
(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 limit: write "RURAL")  
(d) Street No. 2609 Bales (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 11  
year 1940 hour 1 minute 15 A. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_;  
to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_;  
and that he occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Acute hemorrhagic gastro  
Acute poisoning - type of  
poison not as yet determined.

Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death) **163**

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Suicide  
(b) Date of occurrence 5-11-40  
(c) Where did injury occur? K. C. Mo. (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)  
\_\_\_\_\_ (Specify type of injury) **5**

23. Signature Walter H. Miller (M. D. or other)  
Address K. C. Mo. Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

**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. 2737

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.**