

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1997**

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

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:  
4111 Main Street  
(If not in hospital or institution, write street number or location) **2**  
(d) Length of stay: In hospital or institution NO. (Specify whether  
In this community Unknown  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Fannie B. Weeks **207**

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 Rufus Weeks 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased April 18th 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 1 0 hr. min.

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

10. Usual occupation At home

11. Industry or business X

12. Name W. H. Broughton

18. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Luan Vivian

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

16. (a) Informant W. C. Broughton

(b) Address 4111 Main St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-14-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

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

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

19. (a) April 13, 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. 4111 Main Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? X years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12  
year 1940 hour 9:10 minute A. M.

21. I hereby certify that I attended the deceased from Feb 1-1939  
1939 to May 12 1940  
that I last saw her alive on May 11 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Fibro-sarcoma of chest (lungs) **17mo**

Due to Primary apex of lung

Due to 1st

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations

Of autopsy no

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(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 1

23. Signature Chas. B. Nelson (M. D. or other) **SMO**

Address 3626 Andy ave Date signed 5-12-40

---

---

**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.**