

JUN 17 1940
Registration District No. 399

Primary Registration District No. 1002

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
(Specify whether
In this community Life
years, months or days)

3. (a) PRINT FULL NAME CORA SANDY 530

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 Widow

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

7. Birth date of deceased Dec. 11th 1888
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>5</u>	<u>3</u>	hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Milton Slovey

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

14. Maiden name Emma Malley

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

16. (a) Informant's own signature Record Clerk

(b) Address K. C. General Hospital, K. C. Mo.

17. (a) Removal (b) Date thereof May 15 -40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Peabody Kansas

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address 1800 Linwood K. C. Mo.

19. (a) May 15, 1940 (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 limits, write "RURAL")
(d) Street No. 1236 Harrison Street
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14th
year 1940 hour 5 minute 55 A. M.

21. I hereby certify that I attended the deceased from 5-12-40, 19____, to 5-14-40, 19____;
that I last saw her alive on 5-14-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Pelvic peritonitis

Due to Intestinal obstruction

Due to Pelvic mass - exact condition not determined N. M. O.

Other conditions (include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy None

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 P. F. De Maria M.D. (M. D. or other) _____
Address K. C. Gen. Hospital, K. C. Mo. 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.....

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

Signed..... *Chas W. Elks*

Licensed Embalmer No. *2644*

P. O. Address *1800 Linwood*

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.