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13-40
7-39
X29159

OCT 11 1940

Registration District No. **399**

Primary Registration District No. **1002**

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:
7442 Wayne Avenue
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution — 2
(Specify whether
 In this community 43 Years
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. 7442 Wayne Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? — — years.

3. (a) PRINT FULL NAME Mrs. Rosa Lee Hayes Cope
 (b) If veteran, name war None (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 8th
 year 1940 hour 3 minute 55 A. M.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Mr. John Cope (c) Age of husband or wife if alive 71 years
 7. Birth date of deceased August 26 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Apr. 20 1939 to Sept. 8 1940
 that I last saw her alive on Sept. 17 1940
 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 0 Days 13 If less than one day — hr. — min.

Immediate cause of death Carcinoma of Breast. General Metastases
 Duration 3 yrs.

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

Due to —
 Due to —
 Other conditions —
(Include pregnancy within 3 months of death)

10. Usual occupation Housewife

MOTHER FATHER
 11. Industry or business —
 12. Name Thomas Hays
 13. Birthplace Granger County Tennessee
(City, town, or county) (State or foreign country)
 14. Maiden name Caroline Wolf
 15. Birthplace Tennessee
(City, town, or county) (State or foreign country)

Major findings:
 Of operations —
 Of autopsy —
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant John Cope
 (b) Address 7442 Wayne Avenue

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) —
 (b) Date of occurrence —

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

(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? —

(c) Place: burial or crematory 1401 Memorial Park Cem.
 18. (a) Signature of funeral director D. H. Neasomer
 (b) Address 1401 Brush Creek Blvd.

While at work? — (Specify type of place)
 (c) Means of injury 1

19. (a) Sept. 10, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

23. Signature — (M. D. or other) —
 Address 80 E. Paseo Date signed 9/9/40

Mrs.
Cope

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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

Keneth Page Lips

Licensed Embalmer No. *7128*

P. O. Address *1309 Brush Creek NC*

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, fact should be so stated above.