

No. 2
1-13-40
-17-39
X23159

Registration District No. 399

Registration District No. 1002

Registrar's No.

DEC 11 1940

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution Childrens Mercy Hospital
(d) Length of stay: In hospital or institution 5 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Grain Valley Mo
(d) Street No. D
(e) If foreign born, how long in U. S. A. years

3. (a) PRINT FULL NAME Winona Ann Neill

3. (b) If veteran, name war — 3. (c) Social Security No. —

4. Sex Fm 5. Color or race W 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 July - 29 - 1940
(Month) (Day) (Year)

| | | | | |
|---------|-------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | | <u>3</u> | <u>20</u> | hr. min. |

9. Birthplace Grain Valley Mo
(City, town, or county) (State or foreign country)

10. Usual occupation D

11. Industry or business D

12. Name Vernon Neill

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

14. Maiden name Winona Washburn

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

16. (a) Informant Vernon Neill

(b) Address Grain Valley Mo

17. (a) Burial (b) Date of death Nov 11 - 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grain Valley

18. (a) Signature of funeral director R. B. Sorensen
(b) Address Blue Springs Mo

19. (a) 11-10-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 10
year 1940 hour 8 minute A M.

21. I hereby certify that I attended the deceased from Nov 10
1940 to Nov 10 1940
that I last saw her alive on Nov 10 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Gastroenteritis

Due to 11/9/40

Other conditions Terminal Bronchitis
(Include pregnancy within 3 months of death)

Major findings: pneumonia - Dehydration
Of operations —

Of autopsy Same

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) (e) Means of injury —

23. Signature M. B. Sorensen (M. D. or other)
Address 1316 Park Blvd Date signed Nov 10

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

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

MOTHER FATHER

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..... *RS Witt*

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs*

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.