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X23159

FILED JAN 8 1941  
1999

State File No. ....

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 4623

1. PLACE OF DEATH: Jackson

(a) County.....

(b) City or town..... Kansas City 2  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution.....  
2835 Holly  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... XX  
(Specify whether)

In this community..... 57 years  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Louisa Weeks

3. (b) If veteran, name war..... XX

3. (c) Social Security No..... None

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Wesley C. Weeks

6. (c) Age of husband or wife if alive XX years

7. Birth date of deceased April 5 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

79 7 29 hr. min.

9. Birthplace Emporia Kansas 1  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home 9

11. Industry or business

MOTHER FATHER { 12. Name No Record 9

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

14. Maiden name " " (City, town, or county) (State or foreign country)

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

16. (a) Informant Miss Anna Weeks

(b) Address 2835 Holly

17. (a) Burial (b) Date thereof 12-6-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director M. Wagner

(b) Address Kansas City, Mo.

19. (a) 12-4-40 (b) M. M. Browne  
(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")

2835 Holly

(d) Street No. ....  
(If rural, give location)

(e) If foreign born, how long in U. S. A. .... years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4th  
year 1940 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from 19...; that I last saw him live on 19... and that death occurred on the date and hour stated above.

Immediate cause of death Edema of the brain

Due to N.V.D. 520

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Yes

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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) (Specify type of injury)

23. Signature M. M. Browne (M. D. or other)  
Address K.C. Mo. Date signed

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 *A R Hainscheld*

Licensed Embalmer No. *4159*

P. O. Address. *K C. MO*

**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.**