

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
4134 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 17 Years
years, months or days)

3. (a) PRINT FULL NAME Mrs. Ida Nannie Birrell

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. William F. Birrell 6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased July 30 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name Thomas Dodd

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

14. Maiden name Mary Jane Unknown

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

16. (a) Informant William Birrell

(b) Address 4134 So. Benton

17. (a) Burial (b) Date thereof Dec. 11, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director W. H. Newcomer's son

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-10-40 (b) M. M. Crow
(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. 4134 South Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 21 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1940 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec 7 1940
1940, to Dec 7 1940, 1940;
that I last saw h. Er alive on Dec 5 1940, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart Failure

Due to Carcinoma - Generalized
Metastatic - uterine

Due to Primary (Cancer of Uterus)

Other conditions
(Include pregnancy within 3 months of death) 48

Major findings:
Of operations none

Of autopsy none

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?

(Specify type of place)
While at work --- (e) Means of injury ---

23. Signature W. H. Newcomer's son (M. D. or other)
Address 211 Argyle Blvd Date signed 12-10-40

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

no mo

3
10-1
George M. Collier

STATEMENT BY LICENSED EMBALMER

21

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 George M. Collier

Licensed Embalmer No. 3839

P. O. Address D.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, above space should be left blank.