

No. 2
4-13-40
4-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 5713

MAR 14 1941
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 485

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

48
3
8

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 8 Yrs.

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. 740 Locust St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FRANCES SESSIONS

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

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

6. (b) Name of husband or wife Leon Sessions 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased May 12 1899
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1st
year 1941 hour 7 minute 50 A. M.

21. I hereby certify that I attended the deceased from 1-28-41, 19... to 2-1-41, 19...
that I last saw her alive on 2-1-1941, 19...
and that death occurred on the date and hour stated above.

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

41	8	21	hr. min.
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Immediate cause of death Uremia

Due to Bilateral hydronephrosis

Due to 115 700

Other conditions Carcinoma of cervical stump
(Include pregnancy within 3 months of death)

9. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation House wife

11. Industry or business

MOTHER FATHER { 12. Name Richard Richardson

13. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

14. Maiden name Lizzie Thompson

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings: See above

Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Luther Terrnell

(b) Address Slater Missouri

17. (a) Removal (b) Date thereof Feb. 1 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Slater Missouri

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) 2-2-41 (b) M. M. Crowe
(Date received by registrar) (Registrar's signature)

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) (c) Means of injury 0

23. Signature Mary R. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

8761
MAR 1 1948

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 M

Registered Apprentice No. _____

working under my personal supervision.

Signed _____

Licensed Embalmer No. 25-70

P. O. Address Kansas City

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.