

STANDARD CERTIFICATE OF DEATH

State File No. 13641

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1622

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. Industrial Hospt.
(If not in hospital or institution, write street number or location) 30 Minutes
(d) Length of stay: In hospital or institution 30 Minutes
(Specify whether
In this community 24 Yrs.
years, months or days)

3. (a) PRINT FULL NAME Mabel Needles
3. (b) If veteran, name war No.
3. (c) Social Security No. No.

4. Sex Fe. 5. Color or race Wh.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Clifford C. Needles
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased May 7th. 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 10 Days 16
If less than one day hr. min.

9. Birthplace Unknown Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation Home

11. Industry or business

12. Name Unknown Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Clifford C. Needles
(b) Address 3321 Montgal

17. (a) Burial (b) Date thereof 4-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C.Mo.

19. (a) Apr. 24, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3321 Montgal
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1941 hour 10 AM minute 0 M.
21. I hereby certify that I attended the deceased from 1939 -
1941, to April 23 1941;
that I last saw h. s. r. alive on April 23 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral thrombosis
Due to Complete Arria
Due to caused this A.M. three hours before death
Other conditions (include pregnancy within 3 months of death) 3 B

Major findings: Of operations 3 B
Of autopsy 52 B
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) (7) Means of injury 0
23. Signature Paul H. Johnson (M. D. or other)
Address 5400 Lindley Ave Date signed 4/23/41

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

8
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8

