

Registration District No. 399

Primary Registration District No. 10002

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

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:
3903 Central Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 32 Years
In this community: 32 Years
(Specify whether years, months or days)

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. 3903 Central Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: ---

3. (a) PRINT FULL NAME Mrs. Mayme E. Ashcraft Everett

3. (b) If veteran, name war: No 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. Luke P. Everett 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased October 4 1881
(Month) (Day) (Year)

8. AGE: Years 59 Months 7 Days 3 If less than one day hr. min.

9. Birthplace Irvine Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business: ---

MOTHER FATHER { 12. Name James B. Ashcraft

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

14. Maiden name Mary Kelley

15. Birthplace Millers Creek Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Stella H. Ashcraft

(b) Address 3903 Central St.

17. (a) Removal (b) Date thereof May 8, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Luke's Richmond, Kentucky

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) May 8, 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th
year 1941 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4/9/41
1941 to 5/6 1941
that I last saw her alive on 5/6 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarct Chronic

Due to Chronic Coronary Nephritis chronic

Due to Carcinoma Pancreas chronic

Other conditions 46/11
(Include pregnancy within 3 months of death)

Major findings: Of operations 46/9

Of autopsy: ---
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) (c) Means of injury ---

23. Signature D. L. Smith (M. D. or other) 0
Address 3034 Harrison Date signed 5/6/41

3034 Harrison Street
6-8 P.M.

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 *R. C. Newcomer Jr*
Licensed Embalmer No. 4043
P. O. Address *R. C. No.*

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.