

FILED OCT 13 1941

State File No. 3497

Registration District No. 279

Primary Registration District No. 1002

Registrar's No. 3497

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1332 Vine
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County Jackson
(c) City or town Kansas City, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 1332 Vine
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME VIRGINIA CHANDLER
3. (b) If veteran, name war no
3. (c) Social Security No. 487-12-9552

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 17
year 1941 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Sept 6, 1941 to Sept 16, 1941 that I last saw her alive on Sept 16, 1941 and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race bal
6. (a) Single, widowed, married, divorced wid
6. (b) Name of husband or wife George Chandler
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased 7 1893
(Month) (Day) (Year)

Immediate cause of death Mitral Regurgitation (Post-discharge)
Duration 10 days

8. AGE: Years 48 Months 10 Days _____ If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

Other conditions Angina Pectoris
(Include pregnancy within 3 months of death) 30

10. Usual occupation Candress

11. Industry or business Candress

Major findings: Of operations _____
Of autopsy 92 lb

12. Name Went no

13. Birthplace Went no
(City, town, or county) (State or foreign country)

14. Maiden name Went no

15. Birthplace Went no
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature George Chandler

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) (e) Means of injury _____

(b) Address 1332 Vine

17. (a) Burial, cremation, or removal Burial (b) Date thereof 9-27-41
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director W. H. Brown

(b) Address 1332 Vine

19. (a) 9/17/41 (b) W. H. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Dr. Miller (M. D. or other) _____

Address 1605 E. 18-100th Date signed 9-17-41

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

E. Sterling Bills

Licensed Embalmer No.

13178

P. O. Address

1212 Vine St

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.