

FILED MAR 16 1942

Registration District No. _____

Primary Registration District No. 1002

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:
3011 Agnes Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Jane Gray Duvall

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 Widowed

6. (b) Name of husband or wife Mr. Henry C. Duvall 6. (c) Age of husband or wife if alive -- years

7. Birth date of deceased January 26 1848
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94 1 13 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

MOTHER FATHER { 12. Name Thomas Byler

{ 13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

{ 14. Maiden name Jane Gilbrath

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

16. (a) Informant Emmett D. White

(b) Address 3032 Agnes

17. (a) Burial (b) Date thereof Mar. 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gunn City Cemetery
Gunn City, Mo.

18. (a) Signature of funeral director D. H. McCombs

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-10-42 (b) M. M. Crown
(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. 3011 Agnes Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9th
year 1942 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from April 1, 1940 to Mar 9, 1942
that I last saw her alive on Mar 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration

Due to Arteriosclerosis

Due to 93 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 _____
23. Signature John F. Caldwell (M. D. or other) _____
Address 676 Argyle Kansas City Mo Date signed 3/9/42

Duration

3 months
3 years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

6 B. O'Keefe Bldg
2:30 PM

Duwall

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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address R. 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, fact should be so stated above.