

FILED APR 25 1942 99

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:
K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 1 1/2 days yrs.
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. 422 West 15th St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 12th
year 1942 hour 12 minute 15 A.M.

21. I hereby certify that I attended the deceased from
4-11-42 19 to 4-12-42 19
that I last saw her alive on 4-12-42
and that death occurred on the date and hour stated above.

Immediate cause of death:
Intrapartum death under anaesthesia;
Aspiration Bronchitis; acute pulmonary
congestion and edema

Duration

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy See above

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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 Wm. R. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 4-13-42

3. (a) PRINT FULL NAME Rosemary Wilson

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Roy Wilson 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased June 6, 1926
(Month) (Day) (Year)

8. AGE: Years 15 Months 10 Days 6 If less than one day
hr. min.

9. Birthplace Kansas City, Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Fred Ott

13. Birthplace Harrisburg, Pa.
(City, town, or county) (State or foreign country)

14. Maiden name Ether Owens

15. Birthplace Seneca, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred Ott

(b) Address 625 Osage, K. C., Kans.

17. (a) Removal (b) Date thereof 4-13-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park (K.C.Kan)

18. (a) Signature of funeral director Fairweather - Werner
Kansas City, Kansas.

(b) Address

19. (a) 4-14-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

48
8638

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 Chick Werner
Licensed Embalmer No. 2598
P. O. Address. Kansas City, 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.