

FILED JUL 3 1942
Registration District No. **329**

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: **St. Marys Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **10 Dys** (Specify whether
In this community **33 Yrs**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County **Jackson** **48**
(c) City or town **Kansas City Mo** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **600 West 76** **8**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Alda Black**
3. (b) If veteran, name war **None** 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 **David** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **Oct 1 1869**
(Month) (Day) (Year)

8. AGE: Years **72** Months **28** Days **23** If less than one day
hr. min.

9. Birthplace **Louisiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business
MOTHER FATHER { 12. Name **Samuel Karshner**
13. Birthplace **Louisiana**
(City, town, or county) (State or foreign country)
14. Maiden name **Susan DeLong**
15. Birthplace **Louisiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Walter C. Black**
(b) Address **600 West 76**

17. (a) **Cremation** (b) Date thereof **June 26 42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Elmwood**

18. (a) Signature of funeral director **Richard Roe**
(b) Address **7406 Wornall Rd**

19. (a) **6-25-42** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24** year **1942**
hour **5** minute **02 P.M.**

21. I hereby certify that I attended the deceased from **April 10** 19 **42** to **June 24** 19 **42**
that I last saw her alive on **June 24** 19 **42**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Embolism**
Due to **Primary Carcinoma of Breast (Right)**
Sec. Carcinoma of Lungs
Other conditions (Include pregnancy within 3 months of death)
Cardiac Decompensation

Major findings: **Ca. as above** **50**
Of operations
Of autopsy **none**

Duration
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? **Home** (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) **Home**
Means of injury **M.D.**
23. Signature **G. A. Roy** (M. D. or other)
Address **1002 Angyle Bldg** Date signed **6/25/42**

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

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.....

Harold Roe....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Harold Roe

Licensed Embalmer No. *2810*

P. O. Address. *H.C. 2110*

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.