

FILED AUG 1 1942 99

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2790

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Childrens Mercy Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 mo 23 days
(Specify whether years, months or days) 4 mo 23 days
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lafayette
(c) City or town Waverly Missouri
(If outside city or town limits, write "RURAL.")
(d) Street No. R. R. 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

DONNA FAYE EADS

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec 29 1940
(Month) (Day) (Year)

8. AGE: Years 1 Months 6 Days 23
If less than one day _____ hr. _____ min.

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

10. Usual occupation infant

11. Industry or business _____

MOTHER FATHER

12. Name Dee Eads

13. Birthplace Shackelford Mo. (City, town, or county) (State or foreign country)

14. Maiden name ona McKee

15. Birthplace Buffalo - Dallas Co Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Ma Dee Eads

(b) Address Waverly Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof July 22 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Waverly Mo

18. (a) Signature of funeral director Winkler

(b) Address Waverly Mo

19. (a) 7/22/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 22
year 1942 hour 12 minute 40 P.M.

21. I hereby certify that I attended the deceased from March 4 1942 to July 22 1942
that I last saw h.e.r. alive on July 22 1942
and that death occurred on the date and hour stated above.

Immediate cause of death

Bronchopneumonia

Duration

1 day

Due to 107 w

Other conditions Cervical Tumor (?)
(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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? _____ (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 Winkler (M. D. or other) _____
Address 1624 W. 1st St. Date signed _____

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

48
33
8

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.....

Geo. A. McKean

Licensed Embalmer No.

2983

P. O. Address.....

Leungton 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.