

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1300

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:
3408 E. 36th St.,
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 (Specify whether years, months or days) 20 Years

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. 3408 E. 36th St.,
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME JENNIE MAY CHANCE

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

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

6. (b) Name of husband or wife Tillman H. 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Feb. 7, 1866
 (Month) (Day) (Year)

8. AGE: Years 76 Months 9 Days 10 If less than one day hr. min.

9. Birthplace St. Charles Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name David Davis

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Margaret Hall

(b) Address 3408 E. 36th St.,

17. (a) Removal (b) Date thereof Nov. 19, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Des Moines, Iowa.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 11-19-42 (b) M M Browne
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 17, 1942.
 year..... hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from Nov 6 1942, to Nov 17th 1942;
 that I last saw her alive on Nov 17 1942;
 and that death occurred on the date and hour stated above.

Immediate cause of death.....
 Due to Carcinoma of Uterus 1 yr

Due to 48 B

Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 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?.....
 (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 J. B. Donaldson (M. D. or other)
 Address 1212 Army & 3rd Date signed 11/19/42

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

Erlyte 1364

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.....

Licensed Embalmer No.....

P. O. Address.....

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.