

FILED NOV 19 1942

4153

Registration District No. 149

Primary Registration District No. 1502

Registrar's No.

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:
7139 Indiana Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 16 Years
years, months or days) (Specify whether

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. 7139 Indiana Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Alice D. Yates Chrisman
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 7th
year 1942 hour 9 minute P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Mr. Charles F. Chrisman
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased March 5 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 1, 1939
to Nov. 7, 1942
that I last saw her alive on Nov 7, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
80 8 2 hr. min.

Immediate cause of death.....
Chronic passive congestion lungs
Due to Diabetes
Due to Arterio-sclerosis

9. Birthplace Ridgely Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death) 61

11. Industry or business
12. Name William Yates
13. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Margaret Lafoon
15. Birthplace Clay County Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN
Major findings:
Of operations.....
Of autopsy.....
Underline the cause to which death should be charged statistically.

16. (a) Informant Inez C Miller
(b) Address 7139 Indiana
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 9, 1942
(Month) (Day) (Year)
(c) Place: burial or cremation 11111 Ridgely, Missouri
18. (a) Signature of funeral director D. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-8-42 (Date received local registrar) (b) M. M. Browe (Registrar's signature)

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 F. B. Wallace (M. D. or other) Address 703 Hathrop Bldg Date signed 11-8-42

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

MOTHER FATHER

1001 Pomona Road

MAY 1 1950

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 J. Virgil Herrick
Licensed Embalmer No. 3599
P. O. Address J. 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.