

FILED DEC 7 1942

Registration District No. 149

Primary Registration District No. 1002

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:
3220 East 30th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 56 Years
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. 3220 East 30th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 19th
year 1942 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 1
1942 to Nov. 19 1942
that I last saw him or alive on Nov. 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Generalized arterio-sclerosis 10 yrs.
Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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 W. Morris Pustay (M. D. or other) W.M.P.
Address 420 Prof. Bldg Date signed 11-20-42

3. (a) PRINT FULL NAME Mrs. Ruth Larabee Wynne

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 by wife Mr. Thomas Frederick Wynne 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 8 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 7 11 hr. min.

9. Birthplace Andover Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife At Home

11. Industry or business None

12. Name Franklin K. Larabee

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

14. Maiden name Hattie M. Atwell

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

16. (a) Informant Miss Ethel Davis Wynne

(b) Address 3220 East 30th Street

17. (a) Cremation (b) Date thereof Nov. 21, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: D.W. Newcomer's Sons

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-21-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

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

MOTHER, FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Dr. Morris H. Smith
420 Prof Bldg
214

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 *C. Harvey Quisenberry*
Licensed Embalmer No. *4070*
P. O. Address. *A. 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.