

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4516

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

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:  
1308 Drury Drury  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 3 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Eliza Jane Duffey

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Fe 5. Color or race Wh. 6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife James Duffey 6. (c) Age of husband or wife if alive \*\* years  
7. Birth date of deceased November 8 1883  
(Month) (Day) (Year)

8. AGE: Years 59 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name John Payne  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Collier  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. F.C. Mason  
(b) Address 3222 East 26th. Street

17. (a) removal (b) Date thereof 12-5-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Gilman City Missouri

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) 12-5-42 (b) M. H. Crowe  
(Date received local registrar) (Registrar's signature)

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. 1308 Drury Drury  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4  
year 42 hour 8:40 minute P M.

21. I hereby certify that I attended the deceased from Dec. 4 1942 to Dec. 4 1942  
that I last saw her alive on Dec. 4 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes  
Cerebral Hemorrhage

Due to 61

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Frances Henry M.D.  
Address 2910 Harrison St Date signed Dec 4 42

Dr. Henry

2910

Chambers

**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

*Theron A. Redman*

Licensed Embalmer No. *2737*

P. O. Address

*K.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.**