

Registration District No. **149**

Primary Registration District No. **1002**

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:
5912 Jackson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **30 years** (Specify whether 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. **5912 Jackson**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **30 years**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **4th**
year **1943** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____; to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerosis heart disease**

Due to: **93.5**

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

Major findings: _____
Of operations: _____
Of autopsy: **see above**

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 **R.C. Dno** (M. D. or other)
Address **R.C. Dno** Date signed **1/5/43**

3. (a) PRINT FULL NAME **Della Brown Glass**

8. (b) If veteran, name war _____ (c) Social Security No. **none**

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced, **widow**

6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February 6th, 1876**
(Month) (Day) (Year)

8. AGE: Years **66** Months **10** Days **28** If less than one day _____ hr. _____ min.

9. Birthplace **Vienna, Austria** (City, town, or county) (State or foreign country) **4**

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**
14. Maiden name **unknown**
15. Birthplace **unknown** (City, town, or county) (State or foreign country) **9**

16. (a) Informant **August H. Klinge**
(b) Address **7600 Penn**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Jan. 6, 1943** (Month) (Day) (Year)

(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **Joyce Funeral Home**

(b) Address **3146 Main St**

19. (a) **1-6-43** (Date received local registrar) (b) **W. M. Crowe** (Registrar's signature)

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 _____

Paul G. Rowe

Licensed Embalmer No. *2347*

P. O. Address *N. C. Ma.*

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, above space should be left blank.