

FILED MAR 5 1943
Registration District No. 1943

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:
2014 Indiana Ave
(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) 25 years

In this community _____ (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. 2014 Indiana Ave
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ORA EVERETT

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

(b) Name of husband or wife Jewel Everett 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Aug 29 - 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Don't know

13. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Jewel Everett

(b) Address 2014 Indiana Ave K.C. Mo

17. (a) Burial (b) Date thereof 2/26/43
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place of burial or cremation St. Charles near Southville Mo

18. (a) Name of funeral director Morton Funeral Home

(b) Address 1424 1/2 N. W. 30th St. K.C. Mo

19. (a) 2/24/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 23-43
year 1943 hour 7:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 5 1943 to Feb 23 1943
that I last saw her alive on Feb 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 2 day

Due to Arteriosclerosis & Hypertension

Due to 942

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

Major findings:
Of operations _____

Of autopsy _____

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) (b) Means of injury ?

23. Signature John A. Blewix (M. D. or other) Med.

Address 3578 W. 12th St. Kansas City Mo Date signed 2-24-43

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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. 2729

P. O. Address North 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.