

FILED MAR 25 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1373

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:
3227 Windsor Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 Years (Specify whether years, months or days)

In this community 40 Years

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. 3227 Windsor Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country -----

3. (a) PRINT FULL NAME Mrs. Emma C. Dye Underwood

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 Widowed

6. (b) Name of husband or wife Mr. Morton J. Underwood

6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased May 13 1865
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>6</u>	hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

12. Name C. C. Dye

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

14. Maiden name Unknown

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

16. (a) Informant Miss Bessie D. Underwood

(b) Address 3227 Windsor Avenue

17. (a) Burial (b) Date thereof Mar. 22, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation 11111 Mt. Moriah Cemetery

18. (a) Signature of funeral director W. H. Newcomer, Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 3-20-43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 19 year 1943 hour 10:45 minute P M.

21. I hereby certify that I attended the deceased from March 19 1943 to March 19 1943

that I last saw h. or alive on Mar - 19 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Duration 8 yrs

Due to 1381

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 Harvey Tutthill (M. D. or other) P

Address 1211 Realto Bldg Date signed Mar 19 1943

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

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.....

H. C. Newcomer Jr.

Licensed Embalmer No.....

4043

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.