

FILED MAR 31 1943 249

Registration District No. \_\_\_\_\_ 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:  
4020 Walnut /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community No record years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8

(d) Street No. 4020 Walnut  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country \_\_\_\_\_ 1

3. (a) PRINT Rose N. Woolfolk  
FULL NAME

MEDICAL CERTIFICATION

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

20. DATE OF DEATH: Month 3 day 11  
year 1943 hour 3 minute 0 M.

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

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h. C. Corner, 19\_\_\_\_,  
and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

Immediate cause of death:  
2<sup>nd</sup> & 3<sup>rd</sup> degree burns of the entire body

7. Birth date of deceased No record  
(Month) (Day) (Year)

Due to \_\_\_\_\_  
Due to burns caught on fire  
Other conditions \_\_\_\_\_  
(Include pregnancy within 9 months of death)

8. AGE: Years Months Days If less than one day  
approx. 62 years hr. min.

PHYSICIAN  
Major findings: 180-15  
Of operations \_\_\_\_\_  
Of autopsy Inspection of heart  
Underline the cause to which death should be charged statistically.

9. Birthplace No record  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business \_\_\_\_\_

12. Name No record

13. Birthplace No record  
(City, town, or county) (State or foreign country)

14. Maiden name No record

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

16. (a) Informant Jackson County Coroner  
(b) Address Jackson County Court House

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) suicide 123

17. (a) Cremation (b) Date thereof 3-24-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Where did injury occur? K.C. Mo. Jackson Co  
(City or town) (County) (State)

(c) Place: burial or cremation Elmwood

(d) Did injury occur in or about home on farm, in industrial place, in public place?  
at home burns caught on fire  
While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director [Signature]  
(b) Address 7206 Wornall

23. Signature [Signature] (M: D. or other) \_\_\_\_\_  
Address K.C. Mo. Date signed 3/13/43

19. (a) 3-24-43 (b) M. M. Crome  
(Date received local registrar) (Registrar's signature)

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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  
*Harlyn Roe* Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed *Harlyn Roe* \_\_\_\_\_

Licensed Embalmer No. *2810* \_\_\_\_\_

P. O. Address *K. E. 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.**