

JUN 24 1943

149

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: *Memorial Hospital General Hosp*  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community \_\_\_\_\_ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON 48  
(c) City or town Kansas City 8  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7211 Jefferson  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ATWOOD-SARAH F.

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

4. Sex *Fe* 5. Color of race *Wh* 6. (a) Single, widowed, married, divorced *Widowed*  
6. (b) Name of husband or wife *Stewart Atwood* 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased *Sept 15-1867*  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
*75 8 16* hr. min.

9. Birthplace *Clay Co MO*  
(City, town, or county) (State or foreign country)

10. Usual occupation *housewife*

11. Industry or business  
12. Name *James Harrington*  
13. Birthplace *Ireland*  
(City, town, or county) (State or foreign country)  
14. Maiden name *Edna Jane Pembroke*  
15. Birthplace *Virginia*  
(City, town, or county) (State or foreign country)

16. (a) Informant *Caroline Clewver*

(b) Address *7211 Jefferson*

17. (a) Burial (b) Date thereof *6-3-1943*  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation *Forest Hill*

18. (a) Signature of funeral director *Juddarth*  
(b) Address *Keosauqua*  
19. (a) *6-3-43* (b) *M. M. Crown*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *May* day *3* year *1943* hour *10:55* minute *PM*  
21. I hereby certify that I attended the deceased from *Deputy Coroner* to \_\_\_\_\_, 19\_\_\_\_; that I last saw him \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death *Street Car Trauma*  
Due to *Multiple Rib Fractures*  
Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) *MI 8*

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) *Accident 123*  
(b) Date of occurrence *May 31 1943*  
(c) Where did injury occur? *Kansas City Jackson Mo.*  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? *No* (Specify type of place)  
(e) Means of injury *Trauma*  
23. Signature *Caroline Clewver* (M. D. or R.N.)  
Address *2211 M 4 Ave* Date signed *6/1/43*

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

MOTHER FATHER

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

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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 \_\_\_\_\_

*Harold L. C. Starnes*

Licensed Embalmer No. \_\_\_\_\_

*3095*

P. O. Address \_\_\_\_\_

*1900 Central Ave  
Kansas City, 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.**