

Registration District No. 149

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: KANSAS CITY TUBERCULOSIS HOSPITAL
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 mo. (Specify whether)

In this community L.I.F.E.T.I.M.E
 years, months or days

3. (a) PRINT FULL NAME MISS JOAN WANDA TRAMMELL MAE

3. (b) If veteran, name war No 3. (c) Social Security No. 494-14-6063

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MAY 4, 1923
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>20</u>	<u>1</u>	<u>14</u>hr.min.

9. Birthplace KANSAS CITY MO 0
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business At Home

12. Name J.S. TRAMMELL

13. Birthplace Springfield MO 0
 (City, town, or county) (State or foreign country)

14. Maiden name Mary Naugleier

15. Birthplace Stratford MO 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Records K.C. Tbc. Hosp.

(b) Address LEADS, MISSOURI

17. (d) BURIAL (b) Date thereof JUNE 23, 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation IMMORTAL HILLS CEMETERY

18. (a) Signature of funeral director D. E. Brown
 (b) Address 1401 Brush Creek Blvd

19. (a) 6-19-43 (b) D. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 4812 E. 8th St
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country ----- 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 18
 year 1943 hour 12 55 AM minute ----- M.

21. I hereby certify that I attended the deceased from April 23 1942
to 1943, to June 18, 1943
 that I last saw her alive on June 18, 1943, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death PULMONARY TUBERCULOSIS 14 mo.
 Duration

Due to -----
 Due to -----

Other conditions 13 1/2
 (Include pregnancy within 3 months of death)
TUBERCULOSIS LARYNGITIS

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) (a) Means of injury 0

23. Signature William J. Stalder M.D. (M. D. or other)
 Address K.C. Tbc. Hospital Date signed 6-18-43

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

MOTHER FATHER

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 Ernie M. Calhoun
Licensed Embalmer No. 3506
P. O. Address F. C. Ms.

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.