

**FILED SEP 21 1949**  
Registration District No. **49**

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:  
**Gen'l Hosp.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **16 days**  
In this community **45 Years**  
(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. **3015 Woodland**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **no**

**3. (a) PRINTED FULL NAME:** **Mrs Laura Paddock**  
3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Widowed**  
6. (b) Name of husband or wife **Wife** 6. (c) Age of husband or wife if **88 yrs**  
**Elvi Paddock (Deceased)**  
7. Birth date of deceased **Oct 3rd 1854**  
(Month) (Day) (Year)

**8. AGE:** Years **88** Months **II** Days **6** If less than one day hr. min.

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

10. Usual occupation **Home**

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

**MOTHER FATHER**  
12. Name **Andrew Duncan**  
13. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Davis**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Belle Neff**  
(b) Address **3015 Woodland Ave**

17. (a) **Burial** (b) Date thereof **Sept II 1949**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Forest Hill Cemetery**

18. (a) Signature of funeral director **Eylar Funeral Home**  
(b) Address **1800 Linwood Blvd**

19. (a) **9-11-43** (b) **J. E. Brown, Reg.**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **Sept. 9th**  
year **1943** hour **10** minute **5 P.M.**  
**21. I hereby certify that I attended the deceased from August 24th 1943 to Sept. 9th 1943**  
that I last saw her alive on **Sept. 9th 1943**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of left hip (Accidental fall in home)**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

**PHYSICIAN**  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) **Accident**  
(b) Date of occurrence **Aug 24 1949**  
(c) Where did injury occur? **Jackson MO**  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
**Home**  
While at work? \_\_\_\_\_ (Specify type of place) (b) Means of injury **Accidental Fall**  
23. Signature **Drury R. Thom** (M.D. or other)  
Address **Gen'l Hosp.** Date signed **9-9-43**

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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 Chas Wilks.....

Licensed Embalmer No. 2644.....

P. O. Address 1800 Pinewood.....

**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.**