

FILED JAN 5 1944

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: APT. # 108
601 EAST ARMOUR BLVD. WINDEMERE APARTMENTS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 2 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME MRS. ELNORA LEDGERWOOD PAINE

3. (b) If veteran, name war No
3. (c) Social Security No. 487-07-3799

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

6. (b) Name of husband or wife MR. unknown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER 5 1915
(Month) (Day) (Year)

8. AGE: Years 28 Months 1 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace MAPLEWOOD MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CLERK

11. Industry or business AMERICAN OPTICAL COMPANY

12. Name WILLIAM M. LEDGERWOOD

13. Birthplace CRESTON IOWA
(City, town, or county) (State or foreign country)

14. Maiden name ELMA BARTLETT

15. Birthplace YATES CENTER KANSAS
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. M. Ledgerwood
(b) Address 601 E. Armour

17. (a) CREMATION (b) Date thereof 12-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director W.M. Newcomer's sons
(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-19-43 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON
(c) City or town KANSAS CITY
APT. # 108 (If outside city or town limits, write "RURAL")
(d) Street No. 601 EAST ARMOUR WINDEMERE APTS.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 16TH 1943 hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from June 22 1942, to Dec. 16 1943, that I last saw him alive on DEC. 15 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration (Rheumatic) Due to Rheumatism. Duration about 2 yrs. 10 mos.

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations _____ Of autopsy _____ PHYSICIAN _____ 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) _____
(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? _____

23. Signature J.L. Jones 2 (M. D. or other) 20
Address 3839 Date signed 12/17/43

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

801

K52 N10

body by [unclear]

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 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.