

BUREAU OF THE CENSUS
FILED MAR 16 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1031

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: 1850 Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 50 yrs 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. 1850 Benton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Ada Garner

3. (b) If veteran, name war no 3. (c) Social Security No. 496-05-2183

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife James Garner 6. (c) Age of husband or wife if alive 5 years
7. Birth date of deceased Feb 2 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 0 Days 27 If less than one day hr. min.

9. Birthplace Jupia Mo
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____

12. Name Henry Marsh
13. Birthplace Mo. O
(City, town, or county) (State or foreign country)
14. Maiden name Louise Westerman
15. Birthplace Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant George VanderMeer

(b) Address 1852 Benton

17. (a) Burial (b) Date thereof Mar 6 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cem

18. (a) Signature of funeral director Wm. C. L. Foster

(b) Address 918 Brooklyn

19. (a) 3-4-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2 year 1944 hour 1 minute 0 P. M.

21. I hereby certify that I attended the deceased from Sept 5 1942 to Mar 2 1944
that I last saw her alive on Mar 1st 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas

Due to _____
Due to _____

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

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) (e) Means of injury _____

23. Signature Chas. F. Clark (M. D. or other) _____
Address Kansas City, Mo Date signed 3-3-44

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

812
In case of
No 5262
any of the
09.96

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.....

working under my personal supervision.

Registered Apprentice No.....

Signed C. N. Wise

Licensed Embalmer No. 2570

P. O. Address NC 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.