

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1126

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: 4339 Fairmount
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community 40 yrs. years, months or days

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") 0

(d) Street No. 4339 Fairmount
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME Leota Shroyer

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Sept 5 1876
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>6</u>	<u>4</u>	_____ hr. _____ min.

9. Birthplace Chetopa Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business at home

12. Name John Laurry Morrison

13. Birthplace Buchanan Co Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Rebecca Quick

15. Birthplace Buchanan Co. Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant Walter D. Shroyer

(b) Address 4339 Fairmount

17. (a) burial (b) Date thereof 3/11/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cen.

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1901 Olathe Blvd.

19. (a) 3-10-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1944 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from Feb 23 1944 to March 9 1944 that I last saw her alive on March 5 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 2/23/44

Due to _____

Due to _____

Other conditions Hypertension - arteriosclerosis
(Include pregnancy within months of death)

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Edgar P. Currier M.D. (M.D. or other) _____

Address Playa del Rey Date signed 3/10

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

*Please Med. Burial
also Certificate
at City Hall*

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..... *Wm. J. Ward*

Licensed Embalmer No. *3991*

P. O. Address *309 E. 67th St*

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.

H. P. Mo.