

FILED MAY 1 1944/9

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1628

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:
510 W. 9th St., /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 1/2 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. 510 W. 9th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Susan J. Fox

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

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

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

7. Birth date of deceased: May 19, 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 24 If less than one day _____ hr. _____ min.

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

10. Usual occupation Homemaker

11. Industry or business None

MOTHER FATHER { 12. Name Michael O'Conner
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Ferris
15. Birthplace Canada 2
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Veronica Fox

(b) Address 510 W. 9th St.,

17. (a) Removal (b) Date thereof April 13, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)
Greenbrush, Kansas.

(c) Place: burial or cremation _____

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address Kansas City, Mo.

19. (a) 4-13-44 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1944 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from March 1
1944 to April 13 1944
that I last saw her alive on April 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
Respiratory Pneumonia
Lobar

Due to _____
Due to _____
Other conditions Cancer of neck
(Include pregnancy within 3 months of death)

Major findings:
Of operations 552
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?

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature Chas W Lee (M. D. or other) DC
Address 2608 Euclid Date signed 4/13/44

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

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 W. D. Blackman

Licensed Embalmer No. 3639

P. O. Address 19. C. No

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.