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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 22 1944

Registration District No. 1447

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40308

Registrar's No. 4963

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: 1522 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 30 years

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")
(d) Street No.: 1522 Harrison 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: 11

3. (a) PRINT FULL NAME: Addie Petty
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Fe 2
5. Color or race: Col
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: unk.
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased: March (Month) 26 (Day) 1879 (Year)
8. AGE: Years 65 | Months 8 | Days 9 | If less than one day ____ hr. ____ min.
9. Birthplace: Texarkana (City, town, or county) Arkansas (State or foreign country)
10. Usual occupation: At Home.
11. Industry or business: ____
FATHER 12. Name: Jack Roberts
FATHER 13. Birthplace: Texarkana (City, town, or county) Arkansas (State or foreign country)
MOTHER 14. Maiden name: Mary Moore
MOTHER 15. Birthplace: Texarkana (City, town, or county) Arkansas (State or foreign country)
16. (a) Informant: Ruth Caldwell
(b) Address: 1522 Harrison
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 12/8/44 (Month) (Day) (Year)
(c) Place: burial or cremation: Blue Ridge Lawn
18. (a) Signature of funeral director: Hatkins Bros.
(b) Address: 1729 Lydia
19. (a) Dec 8, 1944 (Date received local registrar) (b) J E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th year 1944 hour 11:30 minute A. M.
21. I hereby certify that I attended the deceased from ____, 19__ to ____, 19__; that I last saw h. alive on ____, 19__; and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death	Duration
Bronchopneumonia	
Due to	
Due to 107	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: ____
Of autopsy: See above

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? (Specify type of place)
While at work? (c) Means of injury?
23. Signature: C P Richardson (M. D. or other)
Address: 1832 Tracy Date signed: 12-7-44

(Licensed Embalmer's Statement on Reverse Side)

J. A. Hibbler

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.....

Licensed Embalmer No.....

P. O. Address.....

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.