

FILED FEB 17 1945

Primary Registration District No. 1002

Registrar's No. 622

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1332 Montgall
(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 Mo.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll
(c) City or town Wakenda Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Rosa Adkins

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh
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 Oct 27th 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 6 Days 11
If less than one day _____ hr. _____ min.

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

10. Usual occupation Home

11. Industry or business _____

MOTHER FATHER { 12. Name Wm H. McCumber
13. Birthplace Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Jane Ball
15. Birthplace Wakenda Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Vernon Bell
(b) Address 1332 Montgall
17. (a) Removal (b) Date thereof Feb. 9 45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Wakenda Mo

18. (a) Signature of funeral director Harlyn Kos
(b) Address 7406 Wornall Rd.
19. (a) 2-8-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 8th
year 1945 hour 7:30 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb 5 1945 to Feb 8 1945
that I last saw her alive on Feb 7 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Crownary thrombosis
Chronic mitral regurgitation
chronic myocarditis
Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) _____
Major findings: 92 to
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 Harry M. Dugayhd M. D. or other _____
Address 1401 Prospect Date signed 2-8-45

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

18
33
8

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.....

Harlyn Rose

Licensed Embalmer No. 2810

P. O. Address. K. C. M.

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.