

State File No. _____

FILED MAR 18 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1107

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
572 Woodlands, Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 months
(Specify whether)

In this community 65 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town 3817 Paseo 3
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Estella May Dew

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4
year 1946 hour 11 minute a M.

4. Sex Female 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 22 1863
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb 1, 1946, to Mar 4, 1946; that I last saw her alive on Mar 4, 1946 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

83 1 12

hr. min.

Immediate cause of death Lobar pneumonia

Due to _____

Due to _____

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

10. Usual occupation Retired

11. Industry or business Sec.

12. Name Charles L. Dew

13. Birthplace Va
(City, town, or county) (State or foreign country)

14. Maiden name Mary E. Christ Holm

15. Birthplace Pa
(City, town, or county) (State or foreign country)

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

Major findings:
Of operations _____

Of autopsy 108

16. (a) Informant Leon A. Dew

(b) Address 3817 Paseo

17. (a) Cremation (b) Date thereof Mar 6 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place, burial or cremation Elmwood Cem

18. (b) Signature of funeral director Mrs. C. R. Foster

(b) Address 914 Brooklyn

19. (a) 3-6-46 (b) Skuldine Holmes
(Date received local registrar) (Registrar's signature)

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 2

23. (Signature) C. B. Pickett (M. D. or other) _____

Address 7204 project Date signed 3-5-46

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

MOTHER FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Jan 4 11
Jan 5 7 14
12204 Prospect

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 Cottland Minor

Licensed Embalmer No. 3414

P. O. Address 918 Brooklyn
NY 100

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.