

FILED MAR 27 1946

Registration District No. 139

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Wheatley
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days)

In this community 12 1/2 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. 2507 Woodland
(If rural, give location)

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

3. (a) PRINT FULL NAME Claudia M. English

3. (b) If veteran, name war - no

3. (c) Social Security No. 492-26-5908

4. Sex Fe 5. Color of race Col.

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

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 27 years (Day) (Year)

7. Birth date of deceased Mar. 27 1881
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>64</u>	<u>11</u>	<u>11</u>	hr. min.

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

10. Usual occupation Cook

MOTHER FATHER

11. Industry or business _____

12. Name Jerry McCause

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

14. Maiden name Rachel

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

16. (a) Informant George Nunn Senl.

(b) Address 2507 Woodland

17. (a) Burial (b) Date thereof 3-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn K.C. Mo.

18. (a) Signature of funeral director Arthur Holmes

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 3-12-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 8
year 1946 hour 11 minute 30 A. M.

21. I hereby certify that I attended the deceased from Mar 3 1946 to Mar 8 1946
that I last saw her alive on Mar 8 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Intestinal Obstruction Duration 8 days

Due to Pelvic Inflammation

Due to _____

Other conditions Peritonitis Acute ?
(Include pregnancy within 3 months of death)

Degenerating Uterine Fibroid PHYSICIAN

Major findings: no operation

Of operations _____

Of autopsy as above 565

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 T. Williams (M. D. or other) M.D.
Address 16 E. 8th St. Date signed 3/14/46

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 A. T. Moore
Licensed Embalmer No. 948
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.