

S. No. 2
M-5-43
y. 5-17-39
P I X34671

FILED MAR 27 1946
Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
6134 Blue Hills Road
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
(Specify whether
In this community all her life
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. 6134 Blue Hills Road
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Jaunita Elkins Piatt

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife W. H. H. Piatt 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased January 13 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 02 2 .hr. min.

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

10. Usual occupation Housewife

11. Industry or business X

12. Name John T. Elkins

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

14. Maiden name Ada Herford

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

16. (a) Informant Mr. W. H. H. Piatt,

(b) Address 6134 Blue Hills Road, K. C., Mo.

17. (a) Burial (b) Date thereof 3-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-15-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
year 1946 hour 4:15 minute a. M.
21. I hereby certify that I attended the deceased from 3-4-46
1 Mar 4 1946 to Mar 15 1946
that I last saw her alive on Mar 15 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Nephritis Duration

Due to Chronic nephritis

Due to chronic condition

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1315
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 0

23. Signature John D. ... (M. D. or other)
Address 1025 ... Date signed

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

MOTHER FATHER

Pickels
Body

Dr. John H. Outland

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 *Robert H Reed*

Licensed Embalmer No. *3745*

P. O. Address *MC Mo*

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.