

FILED JUL 31 1946
149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2993

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: 622 Benton 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 months
(Specify whether
In this community 25 years
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. 3503 Ashen 20
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Della Bricker

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced, widowed 2

6. (b) Name of husband or wife UNKNOWN 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Oct. 16 1873
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 20
If less than one day hr. min.

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

10. Usual occupation Painted nurse

11. Industry or business Same

12. Name Andy Helms

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

14. Maiden name Mary Summerville

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

16. (a) Informant Mrs. Curtis Wettenal

(b) Address 3503 Ashen

17. (a) Burial (b) Date thereof July 9 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hill Cem

18. (a) Signature of funeral director R.E. Snow

(b) Address 2738 Prospect

19. (a) 2-9-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1946 hour 12 minute A M.

21. I hereby certify that I attended the deceased from March 1946 to July 5 1946
that I last saw her alive on July 5 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Duration

Due to hypertension following too large meal
Due to

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 83a
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? _____

(Specify type of place)
While at work? _____ (a) Means of injury _____

23. Signature Herman Shablan (M. D. or other) DOA
Address 3708 Independence Date signed 7/8/46

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

23513

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.....

Ray E. Snow
..... Licensed Embalmer No. *25600*.....

P. O. Address..... *K R 7th*.....

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.