

FILED SEP 16 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3787

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:
341 So White
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 29 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 341 South White **8**
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) **61**
If yes, name country _____

3. (a) PRINT FULL NAME Vada Florence Bull

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1946 hour 4 minute 15 A.M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife Charles M. G. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 19 1875
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 8/25, 1946, to 9/2, 1946, that I last saw her alive on Sept 2, 1946, and that death occurred on the date and hour stated above.

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

71 2 14 3 hr. min.

Immediate cause of death Coronary obstruction **7 day**
Due to Chronic Valvular Heart Disease

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

10. Usual occupation Housewife

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

11. Industry or business _____

12. Name George W. Duncan **9**

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

14. Maiden name Sophrona Shirley

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

Major findings:
Of operations 61
Of autopsy _____

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

16. (a) Informant Ray D. Bull

(b) Address 2708 West 51 St. K.C. Kas.

17. (a) Burial (b) Date thereof 9-4-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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? _____

18. (a) Signature of funeral director H. U. Blackman

(b) Address 2825 Independence Mo.

19. (a) 9-4-46 (b) Stebaldine Holmes
(Date received local registrar) (Registrar's signature)

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

23. Signature R. H. Williams (M. D. or other) **9**
Address 1400 St. John Ave. K.C. Mo Date signed 9/3/46

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 *H. D. Blackmer*

Licensed Embalmer No. *3639*

P. O. Address *R. C. 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.