

FILED NOV 19, 1946

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 385

1. PLACE OF DEATH:

(a) County Jackson

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

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

(d) Length of stay: In hospital or institution 14 days
35 years (Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Independence
(If outside city or town limits, write "RURAL") 4

(d) Street No. 411 West Walnut
(If rural, give location) 4

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME KATE PLUNKETT CHILDERS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 5. Color White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife A. L. Childers 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased: January 8 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>68</u>	<u>8</u>	<u>5</u>	hr. _____ min. _____

9. Birthplace Mt. Zion, Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas William Plunkett

13. Birthplace Mt. Zion, Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Amanda Lole
(City, town, or county) (State or foreign country)

15. Birthplace Mt. Zion, Kentucky
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. A. L. Childers

(b) Address 411 W. Walnut, Indep., Mo.

17. (a) Burial (b) Date thereof Sept. 16, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Missouri

19. (a) 10-26-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13
year 1946 hour 5 minute _____ A.M.

21. I hereby certify that I attended the deceased from 8/30/46
19____, to 9/13/46 19____;
that I last saw her alive on 9/13/46 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Uremia</u>	<u>10 days</u>

Due to Chronic nephritis yrs. _____

Arteriosclerotic and hypertensive

Due to cardio-vascular disease Yrs. _____

Other conditions: Incisional Hernia 20 A
(Include pregnancy within 3 months of death)

Major findings:
Of operations: Incisional Hernia

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? _____ Means of injury _____

23. Signature Vance E. Link M.D. (M.D. or other) _____

Address 129 W. Lexington Street Date signed 9/14/46

Independence, Mo.

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

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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.....

R. A. Lisle

Licensed Embalmer No.:

4123

P. O. Address:

Indep. 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.