

S. No. 2
-12-45
5-17-39
PI X47070

FILED APR 8 1947

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
St. Lukes Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether)

In this community 12 Years
years, months or days

3. (a) PRINT FULL NAME Mrs. Norma E. Yaeger

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Femal / 5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widow 2

6. (b) Name of husband or wife Harry S. Yaeger

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

7. Birth date of deceased Jan 8 1882
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>12</u>	hr. min.

9. Birthplace Shomaken Penn 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Oscar Reed 9

13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

14. Maiden name Adlegonda Kirkam

15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel E. Best

(b) Address 7332 Jefferson

17. (a) Cremation (b) Date thereof Mar. 24 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood

18. (a) Signature of funeral director Wornall Funeral Home

(b) Address 3406 Wornall

19. (a) 3-24-47 (b) Shaldin Holmes
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8 0

(d) Street No. 7332 Jefferson
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20th
year 1947 hour 8 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1947
19 _____ to March 20 19 47
that I last saw h. or alive on March 20 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death Acute hepatitis Duration 5 wks

Due to distention of common duct by stone 5-6

Due to cholecystitis 8-10 pm

Other conditions 126

(Include pregnancy within 3 months of death)

Major findings: same as above

Of operations same as above

Of autopsy same as above

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 M. J. Berry (M. D. or other) 0
Address Kansas City, Mo Date signed March 23, 47

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 *Harlyn D. [Signature]*.....

Licensed Embalmer No. *7810*.....

P. O. Address *5 E. 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.