

No. 2
-12-45
5-17-39
X47970

FILED APR 23 1947
Registration District No.

Primary Registration District No. 1002

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: ST. JOSEPH HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS (Specify whether years, months or days)
In this community 45 YEARS (Specify whether 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. 1514 LOCUST STREET 8
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS. ELIZABETH HEALIN STORY

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

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife MR. FRED EUGENE STORY
6. (c) Age of husband or wife if alive years 4
7. Birth date of deceased MAY 4 1864 (Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name MURRY VALENTINE CROMMETT

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

14. Maiden name LUISETTA NESBITT

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

16. (a) Informant MRS. JOHN THULIN

(b) Address 4001 EAST 17th STREET

17. (a) BURIAL (b) Date thereof APRIL 7 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. A. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-7-47 (b) Geraldine Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 5th year 1947 hour 8 minute 35 A.M.

21. I hereby certify that I attended the deceased from 3-25 1947 to 4-5 1947 that I last saw her alive on 4-4 1947 and that death occurred on the date and hour stated above.
Immediate cause of death Hepatitis Duration Today

Due to 1258

Due to

Other conditions Cerebral Edema (Include pregnancy within 3 months of death)

Major findings, Of operations Hepatitis
Of autopsy Hepatitis
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) (c) Means of injury

23. Signature Robert M. Parker (M. D. or other) JMD

Address 306 E 12 Date signed 4-7-47

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

Miss [redacted] Sharp

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *K.C. 3, 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.