

FILED AUG 13 1947  
Registration District No. ....

Primary Registration District No. .... 1002

Registrar's No. .... 3203

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  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution... 4 Days  
(Specify whether  
In this community... 16 Months  
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. 3811 Baltimore  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country...

3. (a) PRINT FULL NAME MRS. JULIA M TEAL

3. (b) If veteran, name war... No

3. (c) Social Security No. unknown

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

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

7. Birth date of deceased... April 10 1879  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 3 19 hr. min.

9. Birthplace... Buffalo New York  
(City, town, or county) (State or foreign country)

10. Usual occupation... Commercial Engraver

11. Industry or business...

12. Name... Henry Miller

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

14. Maiden name... No Record

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

16. (a) Informant... Mrs. M. Hamm

(b) Address... 3811 Baltimore - R @ Mo

17. (a) Burial, cremation, or removal... Burial (b) Date thereof... 8/2/47  
(Month) (Day) (Year)

(c) Place: burial or cremation... Calvary Cemetery

18. (a) Signature of funeral director... Duke & Cabin Co

(b) Address... 20 West Linwood

19. (a) 7-30-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 29th day July  
year 1947 hour 2:50 minute P M.

21. I hereby certify that I attended the deceased from...  
that I last saw him alive on...  
and that death occurred on the date and hour stated above.

Immediate cause of death... Pathologist

Subdural Hemorrhage  
Dupd Aneurysm of Circle of Willis

Other conditions... (include pregnancy within 3 months of death)

Major findings: Of operations... 7/6

Of autops... above

PHYSICIAN

Underline the cause of 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

23. Signature... (M. D. or other)

Address... St. Joseph Hospital Date signed... 7-20-47

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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 Howard W. Farnel

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.