

FILED APR 17 1948

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1537

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

823

1. PLACE OF DEATH:

(a) County Jackson
Kansas City

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

(c) Name of hospital or institution: 4343 Benton Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 56 years
(Specify whether years, months or days)

In this community 56 years

3. (a) PRINT FULL NAME Mrs. Alma B. Airheart

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 Married

6. (b) Name of husband or wife C. W. Airheart

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased November 25, 1891
(Month) (Day) (Year)

8. AGE: Years 56 Months 4 Days 10 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Richard Cummins

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

14. Maiden name Anna Willis
(City, town, or county) (State or foreign country)

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

16. (a) Informant C. W. Airheart

(b) Address 4343 Benton Blvd.

17. (a) Burial (b) Date thereof 4-8-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director: Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 4-8-48 (b) Thaddeus Holmes
(Date received local registrar) (Registrar's signature)

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. 4343 Benton Blvd.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5th.
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from April 5, 1948 to 4-5, 1948
that I last saw her alive on April 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to Cause undetermined - Pt unable to use legs for two years - multiple sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: gnd

Of operations

Of autopsy

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 Hester J. Wilson (M. D. or other)
Address 233 Plaza Time Building Date signed 4/6/48

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

*The Walter H. Erwin
P. O. Address 1328 1/2
Room 233
2-5*

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 Walter H. Erwin

Licensed Embalmer No. 4352

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.