

No. 2
1-4-41
17-39
X28390

STANDARD CERTIFICATE OF DEATH

20852

State File No.

Registrar's No.

2382

Registration District No.

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
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 years (Specify whether
 In this community Since 1913 years, months or days)

3. (a) PRINT FULL NAME Mrs ELIZABETH HESS
 3. (b) If veteran, name war
 3. (c) Social Security No.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married Widowed
 6. (b) Name of husband or wife William C Hess 6. (c) Age of husband or wife if alive Dec 3 years
 7. Birth date of deceased 12 2 1871
 (Month) (Day) (Year)

8. AGE: Years 69 Months 6 Days 69 If less than one day
 hr. min.

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

10. Usual occupation Home

11. Industry or business

MOTHER FATHER { 12. Name William Murrell
 13. Birthplace Ky
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant M. J. Hess

(b) Address 2552 Gillham Rd

17. (a) Removal (b) Date thereof 6 23 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation California Mo

18. (a) Signature of funeral director Stine & McClure

(b) Address K.C. Mo

19. (a) 6/23/41 (b) M. M. Crown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 048
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 1230 Washington
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21st
 year 1941 hour 8 minute 58 A. M.

21. I hereby certify that I attended the deceased from April 26th, 1941 to June 21st, 1941;
 that I last saw her alive on June 21st, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes complicated by carbuncle on neck
 Due to 6/61
 Due to 6/61

Other conditions Massive collapse of lungs
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations
 Of autopsy See above

Duration
 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
 23. Signature Drury R. Thom (M. D. or other) 0
 Address Med. Dir. K.C. Gen. Hospital Date signed

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.....

Licensed Embalmer No.....

P. O. Address.....

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.