

REC'D AUG 7 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

24572

Do not use this space.

1. PLACE OF DEATH  
(a) County..... Jackson | Registration District No..... 399  
(b) Township..... Kaw | Primary Registration District No..... 1002  
(c) or City..... Kansas City, Mo. (d) Street No..... Wesley Hospital, K. C. Mo. Registered No..... 2785  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
2. PRINT FULL NAME Ila B. Edlander.  
(a) Residence, No. 5215 Norledge Avenue, K. C. Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) Charles L.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21st, 1897
- | 7. AGE | YEARS     | MONTHS   | DAYS      | If LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
|        | <u>42</u> | <u>9</u> | <u>19</u> |                                  |
- OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri. 0
- FATHER
13. NAME Hubert Henderson, 1  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Michigan 1
- MOTHER
15. MAIDEN NAME Clare Greek  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa
17. INFORMANT Chas. L. Edlander,  
(ADDRESS) 5215 Norledge, K. C. Mo.
18. BURIAL, CREMATION, OR REMOVAL  
PLACE Mt. Washington, DATE July 13th, 39
19. FUNERAL DIRECTOR (NAME) Mrs. C. L. Forster  
(ADDRESS) 918 Brooklyn Avenue, K. C. Mo.
20. FILED July 11, 1939 M. M. Grown  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 10th, 1939

I HEREBY CERTIFY, That I attended deceased from July 8, 1939 to July 10, 1939  
I last saw her alive on July 10, 1939 Death is said to have occurred on the date stated above, at 8:30 P. M.  
The principal cause of death and related causes of importance were as follows:

Parotomitis

Date of onset

Other contributory causes of importance:

Ovarian abscess  
Left ovaryName of operation Ovaryctomy Date of July 10, 1939  
What test confirmed diagnosis? st Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no Date of injury no, 1939Where did injury occur? no  
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury noNature of injury no24. Was disease or injury in any way related to occupation of deceased? noIf so, specify no(Signed) M. M. Grown(Address) Professional Bldg  
1st St. Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Dr. Mackey

Phone Vic: 3002

---

---

**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 *Wenzil Browning*  
Licensed Embalmer No. *2729*  
P. O. Address *9-18 Brooklyn*

**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, above space should be left blank.**