

No. 2  
-13-40  
-17-39  
X23159

Registration District No. 14399

Primary Registration District No. 1002

State File No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

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: 3524 Agnes  
(If not in hospital or institution, write street number & location)  
(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)  
In this community 36 years

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. 3524 Agnes (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME BESSIE ZANVILLE

3. (b) If veteran, name war ✓ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Fe 5. Color or race wh 6. (a) Single, widowed, married, divorced single  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Oct 12 - 1904  
(Month) (Day) (Year)

8. AGE: Years 36 Months 4 Days 2 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_  
12. Name Isaac Garville  
13. Birthplace Prussia, Pa (City, town, or county) (State or foreign country)  
14. Maiden name Yvonne Garville  
15. Birthplace Kansas City, Mo (City, town, or county) (State or foreign country)

16. (a) Informant Isaac Garville  
(b) Address 3524 Agnes  
17. (a) Buried (b) Date thereof 2-16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Carmel

18. (a) Signature of funeral director J. P. Lutz  
(b) Address 3408 Woodland

19. (a) 2/16/41 (b) M. M. Grooms  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1941 hour 4 minute 20 P. M.  
21. I hereby certify that I attended the deceased from Dec 1940 to Feb 14 1941 that I last saw her alive on Feb 14 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Caecum with extensive metastases  
Due to \_\_\_\_\_  
Due to 4 1/2  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations Ca of caecum  
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 Delva C. Williams (M. D. or other) \_\_\_\_\_  
Address 806 P. of Hwy Date signed 2/14/41

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

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

*Delora  
Dr W Williams  
Pry Building  
1252 Street  
Apr 9 1972*

**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.....

*E. P. Lacey*

..... Licensed Embalmer No. ....

..... P. O. Address .....

*1972  
19 E. 2nd*

**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.**