

Registration District No. 464

Primary Registration District No. 5558

Registrar's No. 50

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:  
82nd & 71 Highway / (In Trailer)  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community 2 months  
years, months or days)

3. (a) PRINT FULL NAME Mrs. Ada D. James

3. (b) If veteran, X name war X 3. (c) Social Security No. X

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John James 6. (c) Age of husband or wife if alive 49 years  
7. Birth date of deceased Jan. 13, 1892  
(Month) (Day) (Year)

8. AGE: Years 49 Months 4 Days 16 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

12. Name H. C. De Woody  
13. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)  
14. Maiden name Blanche Walker  
15. Birthplace Pennsylvania  
(City, town, or county) (State or foreign country)

16. (a) Informant John James

(b) Address 82nd & 71 Highway

17. (a) burial (b) Date thereof 6/3/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director R. V. Lindsey & Sons  
(b) Address 3811 Broadway

19. (a) 6-16-41 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 82nd & 71 Highway  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1941 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 14 / 41  
19\_\_\_\_ to May 31 1941  
that I last saw her alive on May 31  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the breast  
Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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?

(Specify type of place)  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature D. W. E. Lewis (M. D. or other) S  
Address 4435 Harrison Date signed \_\_\_\_\_

D. W. E. Lewis  
4435 Hansen

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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.....

*Leon H. Stewart*

Licensed Embalmer No. *4127*

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.**