

FILED AUG 10 1941

Registration District No. 399

Primary Registration District No. 1002

48  
3  
8  
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 27 days

In this community 40 Years  
years, months or days 0 (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 6405 1/2 E. 37th St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes name country \_\_\_\_\_ 0

3. (a) PRINT FULL NAME Ethyl Dennis

3. (b) If veteran, name war No

3. (c) Social Security No. 486-09-7019

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th  
year 1941 hour 4 minute 40 A. M.

4. Sex Female 5. Color or race White

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 July 29 1894  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 6-11-41 1941 to 7-8-41 1941  
that I last saw her alive on 7-8-41 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>11</u>	<u>9</u>	_____hr. _____min.

Immediate cause of death Metastatic carcinoma of spine, primary in left breast

Due to \_\_\_\_\_ 50

Due to \_\_\_\_\_ 50

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

10. Usual occupation Sorter & Bundler, Gate City

11. Industry or business Laundry

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy None

MOTHER FATHER {

12. Name Isaac Dennis

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

14. Maiden name Mary Bennett

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

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? \_\_\_\_\_

16. (a) Informant Earl F. Dennis

(b) Address 6405 1/2 East 37th. Street

17. (a) Burial (b) Date thereof July 10-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brookings Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn K.C. Mo.

19. (a) 7-10-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

(e) Means of injury \_\_\_\_\_

23. Signature Dr. R. Thon 7-8-41  
Address Med. Dir. K.C. Gen. Hospital Date signed \_\_\_\_\_

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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

*Denzil E. Browning*

Licensed Embalmer No. *2724*

P. O. Address *J. E. Moore*

**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.**