

FILED SEP 12 1941
Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 512 East 30th, Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In St. Joseph Hosp - 7/25/41 to 7/30/41.
In this community since 7/25/41. (14 days)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cass 19
(c) City or town Belton Missouri. 0
(If outside city or town limits, write "RURAL") 0
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 7th
year 1941 hour 12 minute 20 P.M.
21. I hereby certify that I attended the deceased from June
10 1941 to Aug. 7 1941.
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death
General peritonitis & abscess

Due to Carcinoma of Caecum
Due to with perforation

Other conditions
(Include pregnancy within 3 months of death) None

Major findings:
Of operations None

General peritonitis - liver abscess - Carcinoma of Caecum

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 M. B. Paschall M.D.
W. S. Argyle Belton, Mo. 8/18/41

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

3. (a) PRINT FULL NAME Mrs. Ethel KING.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced

6. (b) Name of husband or wife Alva B. King 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 11th, 1892
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 6 26 _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name General Martin.

13. Birthplace Ozark County - Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Dougherty.

15. Birthplace Ozark County - Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene King.

(b) Address 512 East 30th, Street, KC, Mo.

17. (a) Removal (b) Date thereof 8/9/41.
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dayt Cem, Ozark Co., Missouri.

18. (a) Signature of funeral director Melody-McGilley.

(b) Address K. C. Mo.

19. (a) 8/8/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 2999

P. O. Address..... KC

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.