

FILED SEP 12 1941
Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 3119

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:
3758 Wayne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 19 Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ellen T. Mayes

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 married

(b) Name of husband or wife B.L. Mayes 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased Oct. 1 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 10 Days 14 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Thomas Downey

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

14. Maiden name Unknown

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

16. (a) Informant B.L. Mayes

(b) Address 3758 Wayne Kansas City

17. (a) Mt Calvary (b) Date thereof Aug 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director Rose and Henderson

(b) Address 15th. Jackson

19. (a) 9/18/41 (b) Kansas City
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jaekson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3758 Wayne
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16 year 1941 hour _____ minute _____

21. I hereby certify that I attended the deceased from March 25 1941 to Aug 16 1941; that I last saw her alive on Aug 16 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure Duration 3 Days

Due to T. hydatiformis 13B 1 year

Due to _____

Other conditions Auricular Fibrillation
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Charles W. ... Address 1103 Grand Date signed 8-16-41

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

2000

