

Registration District No. 399

Primary Registration District No. 1002

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:
6400 Wyandotte Street
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 55 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Martha E. Senter3. (b) If veteran, name war no 3. (c) Social Security No. NONE4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed6. (b) Name of husband or wife Elcany C. Senter 6. (c) Age of husband or wife if alive years7. Birth date of deceased Nov. 4, 1859
(Month) (Day) (Year)8. AGE: Years 82 Months 1 Days 15 If less than one day hr. min.9. Birthplace North Carolina
(City, town, or county) (State or foreign country)10. Usual occupation At Home

11. Industry or business.

MOTHER FATHER
 12. Name Issac N. Paisley
 13. Birthplace North Carolina
 (City, town, or county) (State or foreign country)
 14. Maiden name Rebecca J. Senter
 15. Birthplace North Carolina
 (City, town, or county) (State or foreign country)

16. (a) Informant A. I. Paisley
(b) Address Stanley, Kansas17. (a) Burial (b) Date thereof 12-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Forest Hill Abbey
Freeman Mortuary18. (a) Signature of funeral director Kansas City, Missouri
(b) Address19. (a) 12/21/41 (b) M. M. Cozart
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City 3
 (If outside city or town limits, write "RURAL") 8
 (d) Street No. 6400 Wyandotte Street
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) No
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 19th day
year 1941 hour 2:30 minute PM21. I hereby certify that I attended the deceased from July 8, 1938
19 to Dec 19 1941;that I last saw her alive on Dec 19 1941
and that death occurred on the date and hour stated above.Immediate cause of death Metastases in spine Duration 2 years2 lungsDue to spread from breast
Carcinoma - 50Due to Right by doctor
Cardiac failure emaciationOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations Op. R. breast
operative 1934.

Of autopsy

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 023. Signature L. S. Moore (M. D. or other)
Address 1125 Anderson Bede Date signed Dec

APR 14 1950

*The Funeral Home
1132 Prof. Kelly
2 - 3130*

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 *Clarence H. Chiles*.....

Licensed Embalmer No. *3473*

P. O. Address *76 e No. 0*

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.