

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **1249**  
Registrar's No. **424**

FILED FEB 11 1942  
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:  
**General Hospital No. 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1-20-42-1-26-42**  
(Specify whether  
In this community **25 years**  
years, months or days)

3. (a) PRINT FULL NAME **ELLA HERGINS**  
3. (b) If veteran, name war. **None**  
3. (c) Social Security No. **no**  
4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced. **Married**  
6. (b) Name of husband or wife **Nelson Hergins** 6. (c) Age of husband or wife if alive **50** years  
7. Birth date of deceased **Unknown 1903**  
(Month) (Day) (Year)

8. AGE: Years **38** Months Days If less than one day  
hr. min.

9. Birthplace **Estell Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

MOTHER FATHER  
12. Name **Deceased**  
13. Birthplace **9**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Deceased**  
15. Birthplace **9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Record Clerk**  
(b) Address **General Hospital No. 2**

17. (a) **removal** (b) Date thereof **Feb. 1, 1942**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Marshall Bros.**

18. (a) Signature of funeral director **Marshall Bros.**  
(b) Address **1729 Linden**

19. (a) **1-31-42** (b) **M. H. Brown**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **2018 E. 19th Street**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Jan.** day **26**  
year **1942** hour **12** minute **15 a.** M.

21. I hereby certify that I attended the deceased from **January 20, 1942 to January 26, 1942**  
that I last saw her alive on **January 26, 1942**  
and that death occurred on the date and hour stated above.  
Immediate cause of death **Lympho Sarcoma**  
**Retroperitoneal tumor**

Due to **55E**

Due to

Other conditions **Terminal Bronchopneumonia**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy **Same as above**  
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 **E. H. Brown** (M.D. or other)  
Address **Gen Hosp. #2-600622** Date signed **1-27-42**

**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.....

*Isaac J. Mandone*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**