

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. ....

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:  
3424 East 60th Street /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ----  
(Specify whether years, months or days)

In this community 28 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL") <sup>8</sup>

(d) Street No. 3424 East 60th Street  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Julia Rubottom

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Mr. Roy Rubottom 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased November 7 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

54 2 6 hr. min.

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

10. Usual occupation Housewife

11. Industry or business ----

12. Name John P. Gordon

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

14. Maiden name Ida Patterson

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

16. (a) Informant Mr. Roy Rubottom

(b) Address 3424 E-60th

17. (a) Burial Date thereof Jan 15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Osceola Mo

18. (a) Signature of funeral director O. H. Newcomers Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 1-15-42 (b) H. M. Crome  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th  
year 1942 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from April 1, 1941, to Jan 18, 1942  
that I last saw her alive on Jan 18, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Generalized carcinoma involuntum.

Due to Generalized metastatic Carcinomatosis.

Other conditions Primary Breast  
(Include pregnancy within 3 months of death)

Major findings: None  
Of operations 50  
Of autopsy 50

Duration

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) (City or town) (County) (State)

23. Signature Dr. Lee (M. D. or other) 50  
Address 1578 Professional Bldg Date signed 1-14-42

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

MOTHER FATHER

1518 Professional Body  
12-1; 2-5

JUN 15 1948

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. Mo

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.