

MAR 9 1949
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution: St. Luke's Hospital, 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since Dec. 14/1941
(Specify whether years, months or days) as above,

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County 999
(c) City or town Topeka, 14
(If outside city or town limits, write "RURAL") 0
(d) Street No. 327 Topeka Avenue,
(If rural, give location)
(e) Citizen of foreign country? X (Yes or No)
If yes, name country X 20

3. (a) PRINT FULL NAME Mrs. Isa Evans Wellman,

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

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

6. (b) Name of husband or wife W. T. Wellman, 6. (c) Age of husband or wife if alive about 60 years

7. Birth date of deceased December 19 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 2 3 _____ hr. _____ min.

9. Birthplace Illinois, 1
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business X

MOTHER FATHER
12. Name John C. Evans,
13. Birthplace Pennsylvania, /
(City, town, or county) (State or foreign country)
14. Maiden name Alice Schofield,
15. Birthplace Illinois, /
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph Wellman;

(b) Address 25 W. Dartmouth Road, K. C., Mo.

17. (a) Removal, (b) Date thereof 2-24-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lawrence, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 2/24/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22nd
year 1942 hour 6:35 minute P. M.

21. I hereby certify that I attended the deceased from Nov 11 1942 to Feb 22 1942
that I last saw her alive on 2-22- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of colon with metastases to liver
Due to _____

Due to 46 E

Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations Carcinoma of colon with metastases to liver
Of autopsy Same

Duration 6 mos
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)
(c) Means of injury _____

23. Signature Lawrence P. Engel (M. D. or other) M.D.
Address Phys Med Bldg Date signed 2-23-42

Drs. Larry Engel and Parsons

5-30

Playa Vista

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 *E. M. Planch*

Licensed Embalmer No. *1848*

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: