

FILED JUL 9 1942

State File No. 2474
Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 days
(Specify whether years, months or days)

In this community 11 years, 8 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1302 Benton Blvd. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country.

3. (a) PRINT FULL NAME Mabel Genevieve Ellis

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 Samuel T. Ellis

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June 11 1891
(Month) (Day) (Year)

8. AGE: Years 51 Months 0 Days 16 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {

12. Name Edward W. North

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

14. Maiden name Katherine M. North

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

16. (a) Informant Samuel T. Ellis

(b) Address 1302 Benton Blvd.

17. (a) Burial (b) Date thereof 6/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 104 West 42nd street

19. (a) 6-29-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1942 hour 7:40 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 13th 1942 to June 27th 1942
that I last saw her alive on June 27th 1942
and that death occurred on the date and hour stated above.

Immediate cause of death:
Mitral stenosis (spermatia)
hypertrophy & Dilatation of the heart.
Due to slight emphysema
collapse of the right lung.
Due to chronic passive congestion of the liver.

Other conditions (Include pregnancy within 3 months of death) 92B

Major findings: Of operations _____

Of autopsy as above.

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? _____

(Specify type of place) _____

While at work? _____ (e) Means of injury _____

23. Signature Graham Asher (M. D. or other) M.D.
Address 11220 Prof. Bldg. Date signed 6-27-42

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

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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.....

Licensed Embalmer No.....

P. O. Address.....

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.