

FILED JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

418
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 1008 Highland, 1st Fl. North
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community 1 year
(Specify whether years, months or days)

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. 1008 Highland, 1st Fl. North
(If rural, give location)

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

3. (a) PRINT FULL NAME Ethel Mack

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1942 hour 1 minute 35 A. M.

4. Sex Fe 3 5. Color Col race

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Samuel Mack

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased May 24, 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 12, 1942 to July 15, 1942
that I last saw her alive on July 14, 1942
and that death occurred on the date and hour stated above.

8. AGE: Years 41 Months 1 Days 21 If less than one day
hr. min.

Immediate cause of death Myocardial Regeneration

Due to cachexia 50

Due to Carcinoma of Left Breast c. Radical operation

Other conditions 4 X-Ray Therapy
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

PHYSICIAN

Major findings: Radical operation
Of operations 2 yrs ago

Of autopsy none

Underline the cause to which death should be charged statistically.

MOTHER { 11. Industry or business

12. Name Joe Ross

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

14. Maiden name Jane Moore

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Okla.

(b) Date of occurrence 7-17-42

(c) Where did injury occur? Okmulgee, Okla.
(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 J. H. Crome (M. D. or other) M. D.
Address 1618 Lydia Date signed 7/17/42

16. (a) Informant Jessie Brown

(b) Address 1115 E. Smith, Okmulgee

17. (a) removal (b) Date thereof 7-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Okmulgee, Oklahoma

18. (a) Signature of funeral director Hatkins Bros.

(b) Address 1729 Lydia

19. (a) 7-17-42 (b) J. H. Crome
(Date received local registrar) (Registrar's signature)

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Tillman.

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..... *Jerome Manlove*

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.