

FILED OCT 24 1942
149

Primary Registration District No. 1002

Registrar's No. 3763

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:
1115 Lydia / Apt. 1408, 3rd W.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 years (Specify whether years, months or days)
In this community 8 years

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. 1115 Lydia, Apt. 1408
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Ethel Vann

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

4. Sex Fe 5. Color or race Col 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Jettie Vann (c) Age of husband or wife if alive 7 years
7. Birth date of deceased Jan. 7, 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name David Ross
13. Birthplace Philadelphia Pa.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy Hill
15. Birthplace Nashville Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Thomas

(b) Address 1115 Lydia

17. (a) burial (b) Date thereof 10/12/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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

(b) Address 1729 Lydia

19. (a) 10-12-42 (b) M. M. Browne
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 9
year 1942 hour 3 minute 30 A.M.

21. I hereby certify that I attended the deceased from Sept 23, 1942 to Oct 6, 1942
that I last saw him alive on Oct 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid and rectum
Due to Primary seat unknown
Other conditions (include pregnancy within 3 months of death) 41.5

Major findings: Of operations _____
Of autopsy _____
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) _____ Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 1709 E 12 Date signed Oct 12 42

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

48
33
88

G. H. Johnson,

NOV 20 1912

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.