

FILED DEC 18 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4504

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

1. PLACE OF DEATH: Jackson
 (a) County Kansas City
 (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 40 days
 In this community 14 years
 (Specify whether years, months or days)

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. 5514 Olive
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Zelpha Smith Roach
 (b) If veteran, name war XX
 (c) Social Security No. 486-03-6111

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 4th
 year 1942 hour 2: minute 05 A.M.

4. Sex Fe 5. Color or race Wh 6. Single, widowed, married, divorced 3 divorced
 (b) Name of husband or wife XX (c) Age of husband or wife if alive XX years
 7. Birth date of deceased November 5 1905
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 27
 1942 to Dec 4 1942
 that I last saw h. or alive on Dec 3 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 37 Months 0 Days 29
 If less than one day hr. min.

Immediate cause of death: Pelvic tuberculosis
Intestinal obstruction
 Duration Oct 27
Nov 15

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

Due to 137a
 Due to _____

10. Usual occupation Comptometer Operator

Other conditions Labor pneumonia Rh side
 (Include pregnancy within 3 months of death)

11. Industry or business T. W. A.

Major findings: Of operations pelvic abscess
cause unknown
 Of autopsy Intestinal obstruction
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

12. Name Joel Bradley

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

14. Maiden name Minnie C. Mahoney

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

16. (a) Informant Mrs. Joseph F. Laschitz

(b) Address 5514 Olive

17. (a) Burial (b) Date thereof 12-7-42
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director M. Wagner
Kansas City, Mo.

(b) Address _____

19. (a) 12-4-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

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 Rosenfeldman (M. D. or other) MD

Address 820 prof Bldg Date signed 12/4/42

820 Prof
MR 2192

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.