

FILED MAR 15 1943  
749

Registration District No.

Primary Registration District No. 1002

Registrar's No.

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:  
General Hospital #2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2-10-43-2-24-43  
(Specify whether years, months or days) 40 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. 2212 Charlotte  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME

ELNORA HARRIS

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased March 17 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
40 11 7 hr. min.

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

10. Usual occupation unemployed

11. Industry or business

12. Name Joseph Johnson

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

14. Maiden name Katie Malone

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof March 1, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn A.C., Mo.

18. (a) Signature of funeral director Fannie G. Meek

(b) Address 1708 E. 1st St.

19. (a) 3-1-43 (b) M. W. Crowe  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 24  
year 1943 hour 7:30 minute D. M.

21. I hereby certify that I attended the deceased from February 10 1943 to February 24 1943  
that I last saw her alive on February 24 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Splanchnic dilatation (post-operative)

Due to Massive multilocular ovarian cyst (non-malignant)

Due to 560

Other conditions (Include pregnancy within 3 months of death)

Major findings: as above stated

Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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 Gen. Hospital 2-600 E. 22 Date signed 2-26-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

**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 Fannie L. Meek

Licensed Embalmer No. 3818

P. O. Address 1708 E. 18th St.

**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.**