

State File No. _____
Registrar's No. 1049

FILED MAR 15 1943

Registration District No. 149 Primary Registration District No. 1002

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:
3916 Charlotte
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 years
years, months or days

3. (a) PRINT FULL NAME Mrs. Ellen Imes
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, widowed
6. (b) Name of husband or wife J. A. Imes 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 28 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 76 8 29 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Pennsylvania
(City, town, or county) (State or foreign country)

16. (a) Informant Terrance W. Imes

(b) Address 2404 E. 69th St. Terrace

17. (a) Burial (b) Date thereof 3-2-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 3/12/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 3916 Charlotte
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb 27 day
year 1943 hour 6 minute 2 M.
21. I hereby certify that I attended the deceased from Feb 17
1943 19. to Feb 27 19. ;
that I last saw her alive on Feb 26 1943, 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary heart disease
Duration _____

Due to 94a

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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) (e) Means of injury _____

23. Signature F. H. Hodgson (M. D. or other) MD
Address 200 Plaza Mill Bldg Date signed 3/28/43

John H. ...
...

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 Clarence H. Childs
Licensed Embalmer No. 3473
P. O. Address 76 e 2nd

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.