

**D AUG 11 1943** 149  
 Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3262

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:  
Krestwoods Convalescent Home-2700 Tracy  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 5 Weeks  
(Specify whether years, months or days)  
 In this community 9 Months

3. (a) PRINT FULL NAME Mrs. Elizabeth Vetter  
 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 Married  
 6. (b) Name of husband or wife Mr. Earnest M. Vetter  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased January 1 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>6</u>	<u>23</u>	____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name Unknown Berard  
 13. Birthplace Superior Wisconsin  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ruth Weigle

(b) Address 3214 Pasedo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26 1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons  
 (b) Address 1401 Brush Creek Blvd.

19. (a) 7-26-43 (b) P. E. Brown  
(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. 1109 East Armour Blvd.  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24th  
 year 1943 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 1943 to July 24 1943  
 that I last saw her alive on July 14 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of abdominal wall - about 10 mm  
fibroid tumor of cut abdominal wall - about 2 yds.  
 Due to \_\_\_\_\_  
 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 Clude Junter (M.D. number) \_\_\_\_\_  
 Address 6609 York Blvd. City Date signed 7/25/43

9:00  
112 Huntington Park

**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 Cecile M. Calhoun  
Licensed Embalmer No. 3506  
P. O. Address KC 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.