

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Children's Mercy Hospital, Kansas City, Mo.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days, 10 hrs. 15 min.
(Specify whether
In this community 12 days
years, months or days)

3. (a) PRINT FULL NAME David Lee Ethington

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married divorced infant

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

7. Birth date of deceased Aug. 24 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 13 hr. min.

9. Birthplace Little Blue Mo.
(City, town, or County) (State or foreign country)

10. Usual occupation child

11. Industry or business

MOTHER FATHER { 12. Name Zack Ethington
13. Birthplace Liberity Mo.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret F. Young
15. Birthplace Boonville Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Zack Ethington
(b) Address 211 N. Willow

17. (a) Burial (b) Date thereof 9/19/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director George E. Brown
(b) Address Independence Mo.

19. (a) 9-8-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City, Missouri 8
(If outside city or town limits, write "RURAL")
(d) Street No. 211 N. Willow, Fairmount Station
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 7,
year 1943 hour 10 minute 45 P.M.

21. I hereby certify that I attended the deceased from 8-27-43
..... 19..... to 9-7-43 19.....
that I last saw him alive on 9-7-43 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 1579.1
1. Bronchopneumonia
Due to 2. Right upper lateral
retrosurgical incision
Due to 3. Mild peritonitis
4. Distention of stomach
Other conditions 6. Large bowel
(Include pregnancy within 3 months of death)
5. Vascul congestion of

Major findings: viscera Underline
Of operations inoperable clinical diagnosis which death
Of autopsy intestinal obstruction should be
staged sta-
tistically.

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 John H. Gospien MD
(M. D. or other)
Address Mary Child Hosp. Date signed 9-8-43

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.....

Frank W. Dick

Licensed Embalmer No.....

2467

P. O. Address.....

Indep. 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.