

**NOV 1 1943** / 49  
Registration District No. \_\_\_\_\_

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 **Research Hospital**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Month**  
**11 Years** (Specify whether years, months or days)

**3. (a) PRINT FULL NAME** Mrs. Esther Louise Deeds  
 (b) If veteran, No name war  
 (c) Social Security No. **495-01-4185**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
 6. (b) Name of husband or wife **Mr. Deeds** 6. (c) Age of husband or wife if alive **27** years  
 7. Birth date of deceased **April 9 1915**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	28	6	13	hr. min.

9. Birthplace **Effingham Kansas**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Waitress**

11. Industry or business **Retired 3 Years**

**MOTHER FATHER**  
 12. Name **Dell Cameron**  
 13. Birthplace **Unknown** 9  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Pearl Pearson**  
 15. Birthplace **Springdale Arkansas**  
(City, town, or county) (State or foreign country)

16. (a) Informant **D. H. Deeds**  
 (b) Address **4406 Jarboe**  
 17. (a) **Burial** (b) Date thereof **Oct. 25, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **Greenlawn Cemetery**

18. (a) Signature of funeral director **D. H. Newcomer Stone**  
 (b) Address **1401 Brush Creek Blvd.**

19. (a) **10-23-43** (b) **J. 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** **3**  
(If outside city or town limits, write "RURAL") **8**  
 (d) Street No. **4406 Jarboe Street**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **October** day **22nd**  
 year **1943** hour **1** minute **A.** M.  
 21. I hereby certify that I attended the deceased from **July 1943**  
 to **Oct. 22, 1943**, 19\_\_\_\_  
 that I last saw her alive on **Oct 21, 1943**, 19\_\_\_\_  
 and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral extension of carcinoma**  
**C. with gross extension**  
 Due to \_\_\_\_\_  
 Due to **48**  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: **Ca of cervix**  
 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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature **J. E. Brown** (of. B. or other) **10/22/43**  
 Address **2001 Maple Blvd** Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

830 W. Myrtle Blvd

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**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 *A. C. Mc...*

Licensed Embalmer No. 4043

P. O. Address *A. C. Mc...*

**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.**