

NOV 1 1943 149
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4461

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:
1700 East 8th. Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 26 Years (Specify whether years, months or days)

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. 1700 East 8th. Street
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ruth B. Sulis

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 19th
year 1943 hour 1 minute 30 A. M.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Sam Sulis

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased 3 - 13 - 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 15, 1943, to Oct 19, 1943, that I last saw him 1 pm alive on Oct 19, 1943, and that death occurred on the date and hour stated above.

8. AGE: Years 45 Months 7 Days 6 If less than one day _____ hr. _____ min.

Immediate cause of death Coronary Thrombosis

Duration 3 mos

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

Due to Cardiac decompensation

10. Usual occupation Housewife

Due to Sinus Tachycardia

MOTHER FATHER

11. Industry or business _____

12. Name Kelly Elder

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

14. Maiden name Therese

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

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

Major findings: Of operations gta

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Sam Sulis

(b) Address 1700 East 8th. Street

17. (a) Burial (b) Date thereof 10-21-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Marys

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? _____

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address Kansas City, Missouri

19. (a) 10-20-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Robert A. W. ... (M. D. or other) D. O.

Address 2717 Rockdale Date signed 10/19/43

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 Denzil C. Browning

Licensed Embalmer No. 2724

P. O. Address H. P. no

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.