

FILED DEC 22 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of place)
(c) Name of hospital or institution: General Hospital, No. 1 Outpatient Dept.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 52 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. 2334 Spruce
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Etta May Curtis

3. (b) If veteran, name war No 3. (c) Social Security No. 492-14-23

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Walter J. Curtis 6. (c) Age of husband or wife if alive - years
7. Birth date of deceased 7 - 29 - 1891
(Month) (Day) (Year)

8. AGE: Years 52 Months 4 Days 1 If less than one day hr. min.

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

10. Usual occupation Bakery Clerk

11. Industry or business

MOTHER FATHER { 12. Name Herman L. Roth
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ellessor
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Walter Curtis
(b) Address 2334 Spruce

17. (a) Burial (b) Date thereof 12-3-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address Kansas City, Missouri

19. (a) 12-3-43 (b) P. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30
4 year, 1943 hour 2 minute 43 M.

21. I hereby certify that I attended the deceased from October 19 1943 to November 30 1943
that I last saw her alive on November 6th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of breast with metastases

Due to 50
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy None

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) (b) Means of injury

23. Signature Dwight R. Brown (M.D. or other) 43
Address Med. Dir. Gen'l Hosp. Date signed 12-1-43

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 *Theron A. Robinson*.....

Licensed Embalmer No. *2937*.....

P. O. Address *F. P. Moore*.....

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.