

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 township)
(c) Name of hospital or institution: Wheatley Prominent
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days Specify whether
In this community 8 days
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. 918 E. Armour
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Opheka Betty
3. (b) If veteran, name war no
3. (c) Social Security No. no info

4. Sex Female 5. Color or race negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Travis Betty 6. (c) Age of husband or wife if alive 15 2 years
7. Birth date of deceased 8 19 1929
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
31 6 4 hr. min.

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

10. Usual occupation none

11. Industry or business _____
12. Name William Jones
13. Birthplace Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Netta Stewart
15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant William Jones
(b) Address 1749 S. 38th St

17. (a) Burial Wheatley Prominent (b) Date thereof 2-25-44
(Burial, cremation, & removal) (Month) (Day) (Year)

(c) Place of burial or cremation Wheatley Prominent
18. (a) Signature of funeral director W. H. Jones
(b) Address 460 State Ave
19. (a) 2-25-44 (b) R. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 2 day 23
year 1944 hour 4 minute 15 A.M.

21. I hereby certify that I attended the deceased from February 24, 1944 to Feb 23, 1944
that I last saw him alive on February 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death acute dilatation of stomach due to food from bed due to less than 36 hours after operation
Due to subarachnoid hemorrhage - 7 days
Other conditions 1860
(Include pregnancy within 3 months of death)

Major findings: Large metastatic lymph nodes, fibroid, enlarged spleen
Of autopsy U. H. by Dr. Pitzer

22. If death was due to external causes all in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence Feb 17, 1944
(c) Where did injury occur? in hospital (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 fall
23. Signature W. H. Miller (M. D. or other)
Address 1658 E. 18th St. Mo. Date signed 2-24-44

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

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 18 1955

MAR 23 1955

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 *Eugene English*

Licensed Embalmer No. *4105*

P. O. Address *440 State ave*

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.