

FILED JUL 24 1944

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-21-44-7-13-44
(Specify whether
In this community 4 Months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Lawrence
(c) City or town Pierce City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Ethel MAXWELL.

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife George Maxwell 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 26th, 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 1 Days 17 If less than one day hr. _____ min. _____

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

10. Usual occupation House Wife

11. Industry or business _____

MOTHER FATHER

12. Name Phillip Stout.
13. Birthplace Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Ringinberg
15. Birthplace Switzerland
(City, town, or county) (State or foreign country)

16. (a) Informant George Maxwell.

(b) Address 3621 Jackson

17. (a) Removal (b) Date thereof 7/13/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pierce City Missouri

18. (a) Signature of funeral director Melody-McGilley

(b) Address Kansas City Mo.

19. (a) 7-13-44 (b) M. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13 year 44 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from May 21-44 to July 12-44
that I last saw her alive on July 12-44
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer pancreas -

Due to metastasis to liver
Due to etc.

Other conditions 46g
(Include pregnancy within 5 months of death)

Major findings:
Of operations as above.
Of autopsy _____

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) (e) Means of injury 0

23. Signature Wm. Williams (M. D. or other) _____
Address 736 Apple Blvd Date signed July 13

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

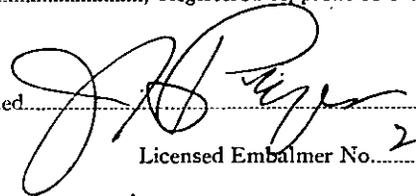
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STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2299

P. O. Address. KC

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.