

30164

State File No. _____
 Registrar's No. **3640**

Registration District No. **149** 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:
2454 Elmwood,
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **no.** (Specify whether
 In this community **11 years,** (Specify whether
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson,** **48**
 (c) City or town **Kansas City,**
(If outside city or town limits, write "RURAL")
 (d) Street No. **2454 Elmwood,**
(If rural, give location)
 (e) Citizen of foreign country? **no.** (Yes or No)
 If yes, name country **X**

3. (a) PRINT FULL NAME **Mrs. Ruth Batchelden Horner Imboden**
 3. (b) If veteran, name war **no.** 3. (c) Social Security No. **no.**

MEDICAL CERTIFICATION
 20. **DATE OF DEATH:** Month **September** day **7th**
 year **1944** hour **8:05** minute **P.** M.
 21. I hereby certify that I attended the deceased from **about June**
 19 **40** to **8-25**, 19 **44**
 that I last saw **her** alive on **8-25-44**, 19 **44**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced, **widowed**
 6. (c) Age of husband or wife if alive **unknown**
 7. Birth date of deceased **August 15 1896**
(Month) (Day) (Year)

Immediate cause of death:
Metastatic Carcinomatosis
 Due to **Primary - breast**
 Due to _____
 Other conditions **50**
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
48 0 22 hr. min.
 9. Birthplace **Massachusetts**
(City, town, or county) (State or foreign country)
 10. Usual occupation **at home**

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business **X**
 12. Name **Harry Batchelden**
 13. Birthplace **Massachusetts**
(City, town, or county) (State or foreign country)
 14. Maiden name **Grace Southwick**
 15. Birthplace **Massachusetts**
(City, town, or county) (State or foreign country)
 16. (a) Informant **Douglas Sloane Horner,**
 (b) Address **2454 Elmwood, Kansas City, Mo.**
 17. (a) **Cremation** (b) Date thereof **9-8-44**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Elmwood Cemetery**
 18. (a) Signature of funeral director **Stine & McClure,**
 (b) Address **3235 Gillham Plaza, Kansas City, Mo.**
 19. (a) **9-8-44** (b) **M. E. Brown**
(Date received local registrar) (Registrar's signature)

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. L. Vanhook M.D.** (M. D. or other)
 Address **Playa and Redg. K. O. Mo.** Date signed **8-27-44**

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Dr. Larry Engel

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

E. M. Klauk

Licensed Embalmer No.

1848

P. O. Address

R. C. Mo

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.