

FILED OCT 9 1944

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:
TRINITY LUTHERAN HOSPITAL
(If not in hospital or institution, write street number or location) U

(d) Length of stay: In hospital or institution 4-DAYS (Specify whether)

In this community 23 YEARS (years, months or days)

3. (a) PRINT FULL NAME Mrs RUTH CELESTE SENIOR

3. (b) If veteran, name war No

3. (c) Social Security No. 495-10-2225

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife MR. LESTER E. SENIOR

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased FEBRUARY 24 1904
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>40</u>	<u>7</u>	<u>0</u>	hr. min.

9. Birthplace LOWRY CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation CARMENT WORKER

11. Industry or business

12. Name JOHN H. TITUS

13. Birthplace LOWRY CITY MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name ROSAMOND HEUBNER

15. Birthplace LOWRY CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. LESTER E. SENIOR

(b) Address 4620-INDEPENDENCE AVENUE

17. (a) BURIAL (b) Date thereof SEPT 27 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 BRUSH GREEN BLVD.

19. (a) 9-27-44 (b) D. E. Brown
(Date received local registrar) (Registrar's Signature)

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. 4620-INDEPENDENCE AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country U

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 24TH
year 1944 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Apr-14 1944 to Sept-24 1944;
that I last saw her alive on Sept 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix uteri

Due to Generalized carcinoma uteri

Due to Hydronephrosis bilateral

Other conditions (Include pregnancy within 3 months of death)

Major findings: 48 K.

Of operations Carcinoma of cervix of uterus

Of autopsy Carcinoma of cervix of uterus

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 Paul H. Duest (M. D. or other) Sept 26 1944
Address 106 W. 14th St. Co. Mo. Date signed

Duration
<u>3 yrs</u>
<u>6 mos.</u>

OCT 16 1948

124. Green - Registered Body 106 W. 14th St.
2.36-57

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 Emile M. Calhoun
Licensed Embalmer No. 3506
P. O. Address K.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.