

FILED APR 5 1945
1949

State File No. _____
Registrar's No. 1303

Registration District No. _____ 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:
1323 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 114 West 77th Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs Ella Hardy

(b) If veteran, name war No

(c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18
year 1945 hour 6 minute 30 P M.

4. Sex Fe 5. Color or race Wh

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

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

7. Birth date of deceased Nov 4th 1862
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 10, 1945, to 3-18, 1945
that I last saw her alive on 3-18, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: 82 Years 4 Months 14 Days If less than one day
hr. min.

Carcinoma of Stomach one yr.

Due to _____

Due to _____

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

10. Usual occupation Home

Other conditions _____
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name Amis Albin

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Reynolds

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

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

16. (a) Informant Calvin Hardy

(b) Address 30 West 81st Ter.

17. (a) Burial (b) Date thereof 3/22/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

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? _____

18. (a) Signature of funeral director Barbara Roe

(b) Address 7406 Wornall Rd

19. (a) 3-21-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature Fred J. Jammar (M. D. or other) P.O.
Address Independence Mo. Date signed 3-21-45

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 Harlyn Roe
Licensed Embalmer No. 2810
P. O. Address 19 E. m.

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.