

**FILED** JAN 31 1948  
 Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **312**

**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:  
**General Hospital No. 1**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **13 days**  
(Specify whether years, months or days)  
 In this community **30 yrs**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson** **48**  
 (c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **519 W. 11 St.** **8**  
(If rural, give location)  
 (e) Citizen of foreign country? **1** (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** **Etta Rafert**  
 3. (b) If veteran, name war **no**  
 3. (c) Social Security No. **no**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Jan.** day **17**  
 year **1946** hour **4** minute **15 A.M.**

4. Sex **Fe** 5. Color or race **w**  
 6. (a) Single, widowed, married, divorced **wid**  
 6. (b) Name of husband or wife **George Rafert**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **May 26 1867**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from**  
**Jan. 4 1946 to Jan. 17 1946**  
 that I last saw her alive on **Jan. 17 1946**  
 and that death occurred on the date and hour stated above.

**8. AGE:**  
 Years **78** Months **7** Days **21**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death  
**Acute purulent bronchitis**

**9. Birthplace:** **Randon England**  
(City, town, or county) (State or foreign country)

Due to **Arteriosclerotic heart disease**  
 Due to \_\_\_\_\_

**10. Usual occupation:** **at home**

Other conditions (Include pregnancy within 3 months of death)  
**93d**

**11. Industry or business:**  
**MOTHER FATHER**  
 { **12. Name:** **Raddish**  
**13. Birthplace:** **England**  
(City, town, or county) (State or foreign country)  
**14. Maiden name:** **no record**  
**15. Birthplace:** **England**  
(City, town, or county) (State or foreign country)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy **See above**

**16. (a) Informant:** **George Gambel**  
**(b) Address:** **3929 Montgall**  
**17. (a) (b) Date:** **Jan 1-19-46**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place:** burial or cremation **Floral Hills**

**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:** **Mrs. E. S. Foster**  
**(b) Address:** **W. P. no**  
**19. (a) 1-19-46** **(b) Eudine Holmes**  
(Date received local registrar) (Registrar's signature)

**23. Signature:** **Clark W. Seelap**  
(Specify type of place) (City or town) (County) (State)  
 While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_  
 Address **Med. Dir. Gen'l Hosp. No. 1-17-46**

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

1200

*Handwritten mark*

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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. *ME*,  
working under my personal supervision.

Signed *Wm K Jackson*

Licensed Embalmer No. *3954*

P. O. Address *918 Brooklyn*

**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.

*KC 2nd*