

FILED FEB 19 1946

Registration District No. _____

Primary Registration District **1002**

Registrar's No. **681**

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: **St. Luke's Hospitl**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 months**
(Specify whether
In this community **24 yrs.**
years, months or days)

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. **422 W 47th**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **9**
year **1946** hour **4:** minute **15 P.** M.
21. I hereby certify that I attended the deceased from **July** 19**45** to **Feb 9** 19**46**
that I last saw her alive on **9 February** 19**46**
and that death occurred on the date and hour stated above.
Immediate cause of death **At Heart Failure**

Duration

Due to **Metastatic carcinoma**
Due to **Serous Adeno cystoma of the ovary**
Other conditions (Include pregnancy within 3 months of death) **490**

PHYSICIAN

Major findings:
Of operations **Serous Adeno cystoma of ovary**
Of autopsy **Extensive Carcinomatosis of peritoneum**
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 _____ (Specify type of place) (e) Means of injury _____

23. Signature **[Signature]** (M. D. or other) _____
Address **St. Luke's** Date signed **2 Feb. 46**

3. (a) PRINT FULL NAME **ELIZABETH Paoline Mattox**

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

4. Sex **Fe** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Single**

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

7. Birth date of deceased **12 - 24 - 1904**
(Month) (Day) (Year)

8. AGE: Years **41** Months **1** Days **15** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Secretary**

11. Industry or business _____

MOTHER FATHER { 12. Name **Frank M Mattox**
13. Birthplace **Texas** (City, town, or county) _____ (State or foreign country) _____
14. Maiden name **Mabel Aimes**
15. Birthplace **Missouri** (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant **my Inq. R. Willis**

(b) Address **266 1/2 Summit**

17. (a) **Removal** (b) Date thereof **2 - 12 - 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **SAVANNAH MO**

18. (a) Signature of funeral director **STINE-McCLURE**

(b) Address **KANSAS CITY MO**

19. (a) **2-9-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

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

4757

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 *J. Edwin Sheppard*.....

Licensed Embalmer No. *4179*.....

P. O. Address. *K C Mass*.....

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.