

FILED JAN 13 1947

Registration District No. 749Primary Registration District No. 1002Registrar's No. 5500

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: F.C. Gen. Hospita No. 1
 (If not in hospital or institution, write street number or location) 0
 (d) Length of stay: In hospital or institution 11 hrs.
 (Specify whether
 In this community 25 years
 years, months or days)

3. (a) PRINT FULL NAME Ella Dibble

3. (b) If veteran, name war No
 3. (c) Social Security No. Unknown

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife X unknown 6. (c) Age of husband or wife if alive years
 7. Birth date of deceased February 8 1891
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 10 22 hr. 23 min.

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

10. Usual occupation Saleswoman

11. Industry or business Salvation Army

12. Name Volney Wells

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

14. Maiden name Emma Ross

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

16. (a) Informant Mrs. Edna Van Dusen

(b) Address 4333 Woodland K. C. Mo

17. (a) Burial (b) Date thereof Jan 2 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 12-31-46 (b) Geraldine Holmes
 (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. 4333 Woodland
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30th
 year 1946 hour 11 minute 40 P. M.

21. I hereby certify that I attended the deceased from 12-30-46, 1946, to 12-30-46, 1946;
 that I last saw her alive on Dec. 30, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

Cerebral Vascular Accident

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

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 work? _____ (Specify type of place)
 (e) Means of injury _____

23. Signature W. W. Hart Date signed 12-31-46
 Address Med. Dir. K.C. Gen. Hosp.

APR 7 1950

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 Chas E. Wilks

Licensed Embalmer No. 2644

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.