

FILED JAN 2 1948 49  
Registration District No. \_\_\_\_\_

State File No. \_\_\_\_\_  
Registrar's No. 5294

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 3305 ASHLEY AVENUE  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 YEARS (Specify whether years, months or days)

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. 3305 ASHLEY AVENUE 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MRS. RUTH JANE DEATLEY  
(b) If veteran, No name war \_\_\_\_\_  
(c) Social Security No. NONE

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month DECEMBER day 14<sup>TH</sup>  
year 1947 hour 6 minute 20 A.M.  
21. I hereby certify that I attended the deceased from March 28  
1946, to 12/14 1947  
that I last saw her alive on 12/6 1947  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, WIDOWED  
6. (b) Name of husband or wife MR. SAMUEL DEATLEY  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased DECEMBER 22 1869  
(Month) (Day) (Year)

Immediate cause of death Carcinomatosis 6 months  
Due to Carcinoma of the sigmoid 2 years  
Due to \_\_\_\_\_  
Other conditions 11/10  
(Include pregnancy within 3 months of death)  
Major findings: Carcinoma of the sigmoid  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause of which death should be charged statistically.

8. AGE: Years 77 Months 11 Days 22 If less than one day  
hr. min.

9. Birthplace JACKSON COUNTY MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business \_\_\_\_\_  
12. Name LEMUEL R. PHILLIPS  
13. Birthplace unknown 9  
(City, town, or county) (State or foreign country)  
14. Maiden name SARAH J. HOWE  
15. Birthplace unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant MR. THOMAS H. DEATLEY  
(b) Address 9206 EAST 68<sup>TH</sup> TERRACE

17. (a) BURIAL (b) Date thereof DEC 16 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation OAK GROVE, MISSOURI

18. (a) Signature of funeral director O. H. Newcomer's Sons  
(b) Address 1401 - BRUSH CREEK BLYD.

19. (a) 12-16-47 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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 Edward H. Stein (M. D. or other)  
Address (Place) Med. Bldg - KC-2 Date signed 12/15/47

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

MOTHER FATHER

