

FILED SEP 4 1948
Registration District No. 49

Primary Registration District No. 1002

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

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: The George H. Nettleton Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
In this community 5 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Ada S. Egli
(b) If veteran, name war no.
(c) Social Security No. no.

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
7. Birth date of deceased: December 11 1866
(Month) (Day) (Year)

8. AGE: Years 81 Months 8 Days 9
If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER
12. Name Leir Adams
13. Birthplace Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mattie Collins
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise J. Page,
(b) Address 5125 Swope Parkway, K. C., Mo.

17. (a) burial (b) Date thereof 8-24-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure Und. Co.
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-21-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 78
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. The George H. Nettleton Home,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 20
year 1948 hour 11:00 minute P. M.
21. I hereby certify that I attended the deceased from April 1,
1948, to Aug 20 1948
that I last saw her alive on Aug 19 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of stomach
Ventricular fibrillation
Duration 6 mos.

Due to Metastatic cancer in cervical glands
Due to liver and more or less generalized.

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

Major findings:
Of operations 4/6/48
Of autopsy

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) (c) Means of injury

23. Signature John L. Laph (M. D. or other) MD.
Address 1314 Professional Bldg Date signed Aug 26 48

Dr. John G. Lapp.

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 Charles H. Stickney

Licensed Embalmer No. 45600

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.