

S. No. 300  
M-10-47  
rv. 5-17-39  
I 3906

FILED DEC 29 1948/49  
Registration District No. \_\_\_\_\_

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: GENERAL HOSPITAL # 2  
(If not in hospital or institution, write street number or location) 45 mins

(d) Length of stay: In hospital or institution 20 das, 20 hrs,  
(Specify whether \_\_\_\_\_)

In this community 32 years  
(years, months or days)

3: (a) PRINT FULL NAME ELIZABETH ROULETTE

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-5098

4. Sex FEMALE 5. Color or race NEGRO

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Adolph R. Roulette

6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased NOVEMBER 2nd, 1896  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

<u>52</u>	<u>1</u>	<u>9</u>	hr. min.
-----------	----------	----------	----------

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

10. Usual occupation LAUNDRESS

11. Industry or business \_\_\_\_\_

12. Name HENRY LEWIS

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

14. Maiden name AMY DEAN

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

16. (a) Informant Dtr: Betty Roulette

(b) Address 2207 Highland

17. (a) Burial (b) Date thereof 12/16/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brunswick, Missouri

18. (a) Signature of funeral director Walter J. [Signature]

(b) Address 1729 Lydia Avenue

19. (a) 12-15-48 (b) [Signature]  
(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. 2207 Highland  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 11th  
year 1948 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from NOVEMBER 11th, 1948 to DECEMBER 11th, 1948;  
that I last saw her alive on DECEMBER 11th, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

1. NODULAR TOXIC GOITER

2. BILATERAL ANTERO-TEM AURICULAR THROMBOSIS

3. PULMONARY EMBOLISM WITH MULTIPLE INFARCTS OF THE LUNGS

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 103k

Of operations \_\_\_\_\_

Of autopsy SAME AS ABOVE

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 \_\_\_\_\_ (Specify type of place) E. Frank Ellis  
(Means of injury)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address 600 East 22nd St. Date signed 12/14/48

JAN 28 1949

---

---

**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**