

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013666  
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1632

FILED APR 17 1961

AMENDED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b>		Length of stay in 1b <b>2 yrs</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (IF NOT in hospital, give location) <b>Wheatley Providence</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3114 Brooklyn st.</b>

3. NAME OF DECEASED (Type or print) First <b>Ethel</b> Middle <b>Lee</b> Last <b>Caesar</b>			4. DATE OF DEATH Month <b>3</b> Day <b>27</b> Year <b>1961</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5/14/1908</b>	9. AGE (last birthday) <b>52</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>27</b> Hours <b>1961</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Work</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at Home</b>		11. BIRTHPLACE (City and state or country) <b>Little Rock, Ark.</b>	
13a. FATHER'S NAME <b>John W. Mayweather</b>		13b. MOTHER'S MAIDEN NAME <b>Eliza Clemmons</b>		14. NAME OF HUSBAND OR WIFE <b>Solon Caesar</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>			17. INFORMANT Address <b>Solon Caesar 3114 Brooklyn st. K.C. Mo</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Uremia</b>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <b>Hypertensive Cardio Vascular Disease</b>		
DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Nephritis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>March 19, 1961</b> to <b>March 27, 1961</b> and last saw <b>3/27/61</b>	COUNTY _____ STATE _____
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21. I attended the deceased from **March 19, 1961** to **March 27, 1961** and last saw **3/27/61**  
Death occurred at **5:10<sup>p</sup>** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>George H. Taft</b> (Degree or title)	22b. ADDRESS <b>2204 E. 18th Street</b>	22c. DATE SIGNED <b>3/30/61</b>
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23a. BURIAL, CREATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/1/1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Westlawn Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>
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24. FUNERAL DIRECTOR <b>Mrs. J. W. Jones</b> ADDRESS <b>440 state ave. Kans.</b>	25. DATE RECD. BY LOCAL REG. <b>4-3-61</b>	26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>
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(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 DATE AMENDED  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 GEORGE H. TAFT

MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 GEORGE H. TAFT

**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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Eugene English

Licensed Embalmer No. 4105  
1407 N. 13th  
P. O. Address K. C. Kansas

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.