

No. 2  
M-5-43  
v. 5-17-39  
I X36671

FILED JUN 17 1947  
199

Registration District No. **199**

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:  
**4802 E. 7th. St.**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. \_\_\_\_\_ (Specify whether)

In this community **40 Yrs.**  
years, months or days

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. **4802 E. 7th. St.**  
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country. \_\_\_\_\_

3. (a) PRINT FULL NAME **Phoebe Catherine Etter**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5th.**  
year **1947** hour **5:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **2/5/30**, 19**47**, to **6/5**, 19**47**  
that I last saw hu alive on **6/5**, 19**47**  
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 **William H. Etter**

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

7. Birth date of deceased **Aug. 16, 1861**  
(Month) (Day) (Year)

Immediate cause of death  
**Coronary Occlusion 7 days**

Due to **Arterio Sclerosis**

8. AGE:	Years	Months	Days	If less than one day
	<b>85</b>	<b>9</b>	<b>19</b>	_____ hr. _____ min.

Due to \_\_\_\_\_

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

9. Birthplace **Clearfield Co. Penn.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

Major findings: **7/12**

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

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER { 12. Name **Frederick Hollopeter**

{ 13. Birthplace **Union Township, Penn.**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Christine Troy**

{ 15. Birthplace **Brady Township, Penn.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Walter Heuelsen**

(b) Address **710 Brighton**

17. (a) **Burial** (b) Date thereof **6/8/1947**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Deepwater, Mo.**

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? \_\_\_\_\_

18. (a) Signature of funeral director **Earp & Sons**

(b) Address **4139 E. 15th. St.**

19. (a) **6-6-47** **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

23. Signature **R. Alvarado** (M. D. or other)

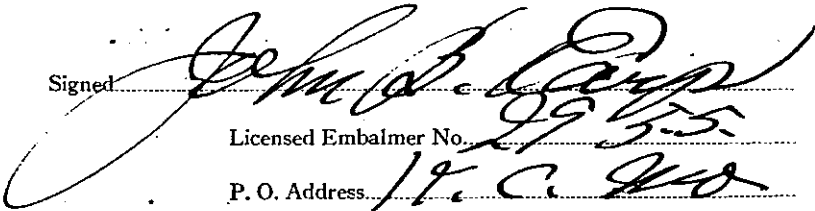
Address **6400 St John Ave** Date signed **6/6/47**

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**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. 29355  
P. O. Address 19 C 940

**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.**