

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 26 1940 399

1002

Registration District No.

Primary Registration District No.

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: 1012 Virginia
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 10 years (Specify whether 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. 1012 Virginia Ave
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Ella Suttle Cooper

8. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race Colored (a) Single, widowed, married, divorced widow

6. (b) Name of husband or wife Wenkerson 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 15 1891
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation laundress

11. Industry or business _____

MOTHER FATHER { 12. Name Leroy Williams
18. Birthplace Arkansas
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Mitchell
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Iva Hackman

(b) Address 1012 Virginia Ave

17. (a) Burial (b) Date thereof 2-1-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director M. B. Moore
(b) Address 1820 E-18th St

19. (a) Jan. 31, 1940 (Date received local registrar)
M. M. Croce (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26 day Jan.
year 1940 hour 2 minute _____ p.M.

21. I hereby certify that I attended the deceased from 12-15- 1939 to 1-26- 1940
that I last saw her alive on 1-25- 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of ut
Cervix
Due to Fibroid Tumor

Duration

6 months

Other conditions. none
(Include pregnancy within 3 months of death)

Major findings: none
Of operations _____
Of autopsy no

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) no
(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 F. J. A. Agnew (M. D. or other)
Address 2202 E-18 Date signed 1-26-40

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 _____

J B Moore

Registered Apprentice No. _____

working under my personal supervision.

Signed *J B Moore*

Licensed Embalmer No. *2410*

P. O. Address *Kansas City, 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, above space should be left blank.