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ED JAN 8 1941

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4599

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: St. Joseph Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days,
In this community 5 days, (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Maude Ammon,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married,

6. (b) Name of husband or wife Otto T. Ammon, 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 28 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 7 6 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name H. V. Ingram,

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

14. Maiden name Martha Upton, 15. Birthplace Kentucky, (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Oliver Schmidt,

(b) Address 8339 Sunset Drive, K.C., Mo.

17. (a) Removal, (b) Date thereof: 12-4-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ashland, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K.C., Mo.

19. (a) 12-3-40 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas, (b) County
(c) City or town Ashland, (If outside city or town limits, write "RURAL")
(d) Street No. X (If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 3rd,
year 1940 hour 11:00 minute A M.

21. I hereby certify that I attended the deceased from Nov 28 1940 to Dec 3rd 1940

that I last saw h alive on 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism

Due to Fractured right femur (Inter capsular)

Due to

Other conditions 1860s,
(Include pregnancy within 3 months of death)

Major findings: 18
Of operations

Of autopsy Pulmonary Embolism

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 11/28/40

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? no (Specify type of place) (e) Means of injury Fall

23. Signature S. S. Larson (M.D. or other) M.D.
Address 1237 W. 9th St. / K.C. Mo. Date signed 12/3/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Dr. S. S. Tarson

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.