

Registration District No. 400

Primary Registration District No. 55530

Registrar's No. 83

1. PLACE OF DEATH:

(a) County Jackson, ~~Marion~~

(b) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Unity Ridge, Route #3, Lee's Summit,  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution X  
(Specify whether)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County Jackson, 48

(c) City or town Lee's Summit, 1  
(If outside city or town limits, write "RURAL") 0

(d) Street No. Unity Ridge, Route #3, 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Mrs. Ella May Watters,

3. (b) If veteran, name war X

3. (c) Social Security No. X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30th,  
year 1941 hour 4:00 minute P. M.

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife S. E. Watters,

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

7. Birth date of deceased. Mar 3 1858  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 30, 1941,  
to Apr 30, 1941,  
that I last saw her alive on Apr 30, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Mediastinum of R. side. 4MO.

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>1</u>	<u>0</u>	hr. _____ min.

Due to Carcinoma of Breast 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace Illinois 1  
(City, town, or county) (State or foreign country)

Major findings:  
Of operations 50

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

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Wm Adams

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

{ 14. Maiden name Lusia Talbot

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

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? \_\_\_\_\_

16. (a) Informant Mrs. Gilford M. Hall

(b) Address Lee's Summit, Mo.

17. (a) Burial, (b) Date thereof 5-3-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery,

23. Signature of Dr. H. H. Haffner (M. D. or other) 0  
Address Raytown, Mo. Date signed 5-7-41

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

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

19. (a) 5-2-41 (b) Sarah H. Barnes  
(Date received local registrar) (Registrar's signature)

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

Dr. F. L. Laffoon,  
Argyle Bldg.; Between 4 and 5 p. m. today,  
Thurs.

**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: *Felix Reng*  
Licensed Embalmer No. *H127*  
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, fact should be so stated above.**