No. 2
4-13-40
5-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17339

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2001

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 2105 Independence Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 1 Year 1 Month.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 2300 Agnes Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Mrs. Elaine EDMONDSON.

3. (b) If veteran, name war ..... 3. (c) Social Security No. 493-12--0047.

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

6. (b) Name of husband or wife Frank A. Edmondson. 6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased May (Month) 29th (Day), 1911. (Year)

8. AGE: Years 29 Months 11 Days 20 If less than one day ..... hr. ..... min.

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

10. Usual occupation At Home

11. Industry or business Housewife

FATHER
12. Name James H. Gentry.
13. Birthplace (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Mattie S. Arbogast.
15. Birthplace (City, town, or county) Missouri. (State or foreign country)

16. (a) Informant Frank A. Edmondson.
(b) Address 2300 Agnes Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director Mellody-McGilley.
(b) Address K. C. Mo.

19. (a) May 22, 1941 (Date received local registrar) (b) M. M. Grower (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th year 1941 hour 10:50 minute P.M. M.

21. I hereby certify that I attended the deceased from October 3rd, 1940, to May 19th, 1941; that I last saw her alive on May 19th, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Intestinal Obstruction - Volvulus	1 Day
Due to Uterine Fibrosis	
Chronic Salpingitis - Not malignancy. N. M. D.	6 Yrs.
Due to	
Other conditions Chronic Appendicitis (Include pregnancy within 3 months of death)	

Major findings: Of operations As above 5/14/41 and 5/19/41.
Of autopsy None.

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) -
(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? -
(Specify type of place)
While at work? - (e) Means of injury -

23. Signature Margaret Jones (M.D. or other) DO.
Address 3737 Main St., K. C. Mo. Date signed 5/21/41

(Licensed Embalmer's Statement on Reverse Side)

CH 6699
WB 3757

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. ~~[illegible]~~ working under my personal supervision.

Signed J H Pryor

Licensed Embalmer No. 2999

P. O. Address KC

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.