

S. No. 2
-11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **20693**
2222

Registration District No. **395**

Primary Registration District No. **1002**

Registrar's No. _____

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:
St. Joseph Hospital.
(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 15 Yrs.

3. (a) PRINT FULL NAME Ethel B. STILWELL.
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Charles G. Stilwell 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased December 11th, 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 5 Days 26 If less than one day _____ hr. _____ min.

9. Birthplace New York City New York /
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER { 12. Name H. H. Bailey
 13. Birthplace Unknown 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 6
(City, town, or county) (State or foreign country)

16. (a) Informant Charles G. Stilwell
 (b) Address 4307 Gillham Road.

17. (a) Removal (b) Date thereof 6-9-41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Cedar Rapids Iowa

18. (a) Signature of funeral director Melody McGilley
 (b) Address _____

19. (a) June 9 1941 (b) M. H. Browne
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: **048**
 (a) State Missouri (b) County Jackson **010**
 (c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
 (d) Street No. 4307 Gillham Road. **0**
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7
 year 1941 hour 3 minute 5 M.

21. I hereby certify that I attended the deceased from Feb 18 1941, to June 7 1941
 that I last saw her alive on June 7 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia **7 days**
Carcinoma of Rt Breast **8 months**
 Due to _____
 Due to _____
 Other conditions 50
(Include pregnancy within 3 months of death) 50

Major findings: _____
 Of operations _____
 Of autopsy Pneumonia
Melanotic Carcinoma of R. Breast

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? _____

While at work? _____
(Specify type of place) (e) Means of injury _____
 23. Signature [Signature] (M. D. or other) **0**
 Address 1103 Grand Date signed 6/9/41
RE 210

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

048
8
2048

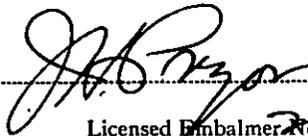
STATEMENT BY LICENSED EMBALMER

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. 267

working under my personal supervision:

Signed.....



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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.