

Registration District No. 399 Primary Registration District No. 1002

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. Mary's  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Months  
In this community 20 Years (Specify whether years, months or days) 0

3. (a) PRINT FULL NAME: ETHEL MAE VANDELFORD

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: Ray 6. (c) Age of husband or wife if alive: 38 years

7. Birth date of deceased: March 18, 1905 (Month) (Day) (Year)

8. AGE: Years 36 Months 3 Days 28 If less than one day hr. min.

9. Birthplace: Indep. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Homemaker

11. Industry or business: At Home

MOTHER FATHER { 12. Name: Francis Barlow

13. Birthplace: Kentucky 1 (City, town, or county) (State or foreign country)

14. Maiden name: Jeanette Gordon (City, town, or county) (State or foreign country)

15. Birthplace: Scotland 4 (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hilburn

(b) Address: 3224 E. 11th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: July 19, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Mt. Washington

18. (a) Signature of funeral director: C. H. Blackman & Son, Inc. (Specify type of place)

(b) Address: 2825 Indep. Blvd. K. Mo. (c) Means of injury

19. (a) 7-19-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 048  
(c) City or town: Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No.: 1003 Benton (If rural, give location)  
(e) Citizen of foreign country? (Yes or No) No  
If yes, name country: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16 year 1941 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1, 9, 41, 1941, to 7, 16, 1941.

that I last saw him alive on 7, 16, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration

Due to: General Toxemia

Due to: Pelvic infection Mixed infection n. m. o.

Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: 9311 420

Of autopsy: yes

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?

23. Signature: M. M. Crow (M. D. or other) 0

Address: City Date signed

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

48  
38

---

---

**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

*C. H. Blackman*

Licensed Embalmer No.

*2244*

P. O. Address

*KC 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.**