

Registration District No. 399

Primary Registration District No. 1602

Registrar's No. 3716

**1. PLACE OF DEATH:**  
(a) County Jackson  
(b) City or town Kansas City Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3111 Jefferson Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 45 Yrs. / \_\_\_\_\_  
years, months or days

**3. (a) PRINT FULL NAME** Miss Ethel Mary DYKSTRA  
8. (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, Single

6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive None years

7. Birth date of deceased August 20 1887  
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 15 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation None

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
12. Name Frank B. Dykstra  
13. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Teresa O'Connor  
15. Birthplace Buffalo New York  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Godley  
(b) Address 3111 Jefferson Street

17. (a) Burial (b) Date thereof 10-7-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Mary's

18. (a) Signature of funeral director Melody-McGilley  
(b) Address Kansas City Missouri

19. (a) 10/6/41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County Jackson 048  
(c) City or town Kansas City Missouri 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3111 Jefferson Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? No 0 years

**MEDICAL CERTIFICATION**  
20. DATE OF DEATH: Month October day 4th  
year 1941 hour 9 minute P.M.

21. I hereby certify that I attended the deceased from 9-30, 1941, to 10-4, 1941;  
that I last saw him alive on 10-4, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Acute bronchial pneumonia 2 Days  
Duration

Due to 10/10

Due to \_\_\_\_\_

Other conditions Chronic Asthmatic 1 Year  
(Include pregnancy within 3 months of death)

Major findings: Of operations None 107  
Of autopsy None made  
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? \_\_\_\_\_

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

23. Signature Eugene Garboud (M. D. or other) D  
Address Bryant Bldg Date signed 10-6-41

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

DEC 24 1961

**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..... IC C

**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.