

2-3-40
7-39
X23159

FILED NOV 13 1941
Registration District No. 377

Primary Registration District No. 1002

Registrar's No. 4013

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:
3741 Prospect Avenue
(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 23 Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Ehret

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Frank Alvin Ehret

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

7. Birth date of deceased June 14 1866
(Month) (Day) (Year)

8. AGE: Years 75 Months 4 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name J. W. Brown

13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)

14. Maiden name Catherine McCutcheon

15. Birthplace Boston Massachusetts
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur F. Ehret

(b) Address 68th & Raytown Road

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof October 20 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Deep River, Iowa

18. (a) Signature of funeral director D. H. Nutcracker, Sons

(b) Address 1401 Brush Creek Blvd

19. (a) 10/28/41 (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") ¹⁰⁰

(d) Street No. 3741 Prospect Avenue
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28
year 1941 hour 6 minute 38A.M.

21. I hereby certify that I attended the deceased from 10-20, 1941, to 10-28, 1941.
that I last saw him alive on 10-27-41 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to arteriosclerosis

Due to 95C

Other conditions organic heart
(Include pregnancy within months of death)

Major findings:
Of operations 95C

Of autopsy no

Duration

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 Frank E. Hird (M. D. or other) ²

Address 3600 Harrison Date signed 10-28-41

K.E.M.O

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

Mr Frank E. Hill
360 Harrison

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. Hervey Quisenberry*
Licensed Embalmer No. *40700*
P. O. Address *K. C. 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.