

**FILED APR 25 1942**  
Registration District No. 399

Primary Registration District No. 1002

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

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: Research Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14 days  
(Specify whether years, months or days)

In this community 63 years

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. 3124 East 9th St.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Edith V. Ennis

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day April  
year 1942 hour 11:30 minute 6 M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Hugh R. Ennis

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased March 22 1873  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 18 1942 to April 3 1942  
that I last saw her alive on April 3 1942  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>0</u>	<u>11</u>	_____ hr. _____ min.

Immediate cause of death Septic Pneumonia and Toxic Thyroid 10 yrs 57 days

Due to Arteriosclerosis

Other conditions 62 B  
(Include pregnancy within 3 months of death)

9. Birthplace Chicago Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

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

12. Name Dr. Charles W. Burrill

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

14. Maiden name Viancie Emery

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

PHYSICIAN

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Hugh R. Ennis  
(b) Address 3124 East 9th Street

17. (a) Burial (b) Date thereof 4-6-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Mo.

19. (a) 4-6-42 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

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 John L. Laph (M. D. or other) M.D.  
Address 314 Professional B Date signed Apr 4-42

75 111

*Prof. Fred W. Bell*  
*11.9.33*  
*10 a.m. Salt*

**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 *Charles W. Ehlers*  
Licensed Embalmer No. *3473*  
P. O. Address *76 e 760*

**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.**