

FILED APR 1 1942 9
Registration District No. 2929

Primary Registration District No. 1002

Registrar's No. 1012

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: 347 Norton
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1
(Specify whether)

In this community 40 Years
years, months or days

3. (a) PRINT FULL NAME Estella A. Roudebush

3. (b) If veteran, name war None

3. (c) Social Security No. NOBB

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William Roudebush

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

7. Birth date of deceased March 9 1858
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>0</u>	<u>1</u>hr.min.

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

10. Usual occupation Housewife

11. Industry or business Same

MOTHER FATHER { 12. Name Daniel D. Thomas

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

14. Maiden name Catherine Thomas

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

16. (a) Informant Mrs. Grace Dearing

(b) Address 347 Norton

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

(b) Date thereof 3 / 12 / 42
(Month) (Day) (Year)

(c) Place: burial or cremation Isadora Mo.

18. (a) Signature of funeral director Rose & Henderson

(b) Address 15th & Jackson St.

19. (a) 3-11-42
(Date received local registrar)

(b) M. M. Crowe
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 347 Norton St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10
year 1942 hour 3: minute A. M.

21. I hereby certify that I attended the deceased from Aug 1
1930, to March No, 1942
that I last saw her alive on March 9, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Solar Pneumonia 1 Week

Due to Senility 10 yrs

Due to 108

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

Major findings:
Of operations.....

Of autopsy.....

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 H. E. Vause (M. D. or other) D.O.

Address 615 Chamberlayne Bldg Date signed 3/10/42

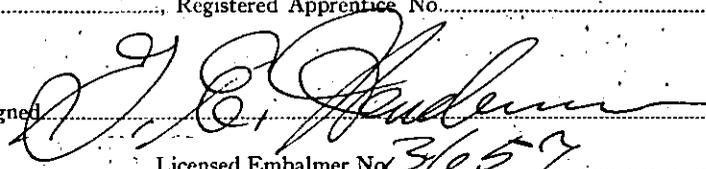
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3657

P. O. Address 15. C. 2nd

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.