V. S. No. 2
M—11-10-39
ev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13219

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1605

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: Steva Nursing Home, 3241 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 yr. (Specify whether
In this community 1 yr.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3241 Wabash
(If rural, give location)

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

3. (a) PRINT FULL NAME LAURA BELLE AMBERS

3. (b) If veteran, name war ✓

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 William Ambers

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

7. Birth date of deceased April (Month) 13 (Day) 1864 (Year)

8. AGE:

Years	Months	Days	If less than one day
78	0	10	hr. min.

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

10. Usual occupation at home

11. Industry or business ✓

FATHER
12. Name Wm F. Poulter
13. Birthplace unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown
15. Birthplace " (City, town, or county) (State or foreign country)

16. (a) Informant T. E. Ambers
(b) Address 6439, Normal, Chicago, Ill

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 27, 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park, K.C. Mo.

18. (a) Signature of funeral director E. K. George & Sons
(b) Address Belton, Mo.

19. (a) 4-24-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1942 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from Jan 1, 1942 to April 23, 1942
that I last saw h____ alive on ____, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ca of Recto - Sigmoid	3-4 yrs?
Due to 46	
Due to	
Other conditions Inanition (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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

23. Signature Robert M Myers (M. D. or other) M.D.
Address 1025 Rialto Date signed 4-24-42

(Licensed Embalmer's Statement on Reverse Side)

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 A. K. George

Licensed Embalmer No. 3645

P. O. Address Grandview, 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, above space should be left blank.