No. 2
—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED-JUL 17 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20477

State File No.

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2629

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: K.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 days (Specify whether years, months or days)
In this community 44 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3303 Holmes St. 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Etta Wainscott
3. (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 Married
6. (b) Name of husband or wife Charles E. Wainscott
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased June (Month) 24 (Day) 1870 (Year)

8. AGE: Years 72 Months 0 Days 13 If less than one day hr. min.

9. Birthplace (City, town, or county) Iowa (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Perry J. Hall
13. Birthplace (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Malinda Miller
15. Birthplace (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Mr. Charles E. Wainscott
(b) Address 3303 Holmes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-10-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Missouri
18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address Kansas City, Missouri
19. (a) 7-9-42 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 7th year 1942 hour 12 minute 10 A.M.
21. I hereby certify that I attended the deceased from 6-19-42, 19..., to 7-7-42, 19...; that I last saw her alive on 7-7-42, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypostatic bronchopneumonia	
Due to: Diabetes; arteriosclerosis	
Due to: 61	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy None

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 0

23. Signature Rheny R. Thorn (M. D. or other)
Address Med. Dir K.C. Ge. Hospital K.C. Mo. Date signed

341 (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 me

, Registered Apprentice No.

working under my personal supervision.

Signed Kenzil C. Browning

Licensed Embalmer No. 2724

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.