S. No. 2
M—9-4-41
. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

29391

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3462

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:
Kansas City General Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 Mos. & 11 days (Specify whether
In this community 15 years
years, months or days)

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") 8
(d) Street No. 1306 Ewing
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Zella Dennis

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced 2 Widow

6. (b) Name of husband or wife John C Dennis

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

7. Birth date of deceased 12 (Month) 1 (Day) 1887 (Year)

8. AGE: Years 5 Months 9 Days 17 If less than one day hr. min.

9. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

10. Usual occupation Housekeeper

11. Industry or business ✓

FATHER
12. Name John Johnson
13. Birthplace Mo (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Melvina Thompson
15. Birthplace Mo. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Julia Hedger
(b) Address 30 + Main

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-21-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mofile Hill

18. (a) Signature of funeral director C H Blackman
(b) Address City

19. (a) 9/21/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th
year 1942 hour 4 minute 45 P. M.

21. I hereby certify that I attended the deceased from 4-7-42, 19, to 9-18-42, 19
that I last saw her, alive on 9-18-42, 19
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix

Due to 48a

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

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

23. Signature Dwelley R. Thom 0 (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

(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 E N Blackman

Licensed Embalmer No 224

P. O. Address.....

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.