

NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3951

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

48
8608

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

(d) Length of stay: In hospital or institution 1 mo. & 16 days
(Specify whether)

In this community 9 years
years, months or days

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. 2806 Park Avenue
(If rural, give location)

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

3. (a) PRINT FULL NAME Ella Rasmussen

(b) If veteran, name war no

(c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25th
year 1942 hour 8 minute 10 A.M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Carl F. Rasmussen

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased: June 9 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 9-9-42, 19...., to 10-25-42, 19....;
that I last saw her alive on 10-25-42, 19....;
and that death occurred on the date and hour stated above.

8. AGE: Years 33 Months 4 Days 14
If less than one day hr. min.

Immediate cause of death Actinomycosis small and large intestine

Duration 43.1

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business None

Major findings: Of operations

Of autopsy See above

PHYSICIAN
Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name Carl Rasmussen

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Annela Christensen

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Carl F. Rasmussen

(b) Address 2806 Park

17. (a) Removal (b) Date thereof 10/26/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clinton Town

18. (a) Signature of funeral director Ernest Mayhew

(b) Address 2315 Lawrence

19. (a) 10-26-42 (b) M. M. Groves
(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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Wesley R. Stone (M. D. or other)

Address ed. Dir. K.C. General Hospital Date signed

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.....

Roy E Snow

Licensed Embalmer No. *25-60*

P. O. Address... *K C 7 M*

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.