

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 mo
(Specify whether
In this community 1 1/2 yrs.
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. 110 East 40th Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELLEN R. WILLIS

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 J. Perrin Willis 6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased Aug 8 1904
(Month) (Day) (Year)

8. AGE: Years 38 Months 4 Days 8 If less than one day hr. min.

9. Birthplace Cherokee Co Texas
(City, town, or county) (State or foreign country)

10. Usual occupation Manager

11. Industry or business Apartments

MOTHER FATHER

12. Name Tom F Roark
13. Birthplace Cherokee Co Texas
(City, town, or county) (State or foreign country)
14. Maiden name May
15. Birthplace Cherokee Co Texas
(City, town, or county) (State or foreign country)

16. (a) Informant J. Perrin Willis
(b) Address 110 East 40th St., Kansas City, Mo

17. (a) Removal (b) Date thereof 12-17-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jacksonville, Texas

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 12-17-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1942 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from 7-22 1942 to 12-16 1942
that I last saw her alive on 12-14 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Cervix uteri Duration 18 mos.
Due to Colon obstructions
Due to Colostomy, 7/27/42.
Other conditions 4 1/2 mo
(Include pregnancy within 3 months of death)

Major findings: Metastatic tumor
Of operations Abd. Peritonium, Colon obstructions
Of autopsy None done

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 [Signature] (M. D. or other) _____
Address Prof Bldg 1502 Date signed 12-16-42

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

1948 11 11

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. M. Plank

Licensed Embalmer No. 1845

P. O. Address T. 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.