

LED AUG 11 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3297

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: Mo. River 3 at Olive St
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson ⁴⁸₃

(c) City or town Kansas City ⁸
(If outside city or town limits, write "RURAL")

(d) Street No. 416 N. Wabash
(If rural, give location)

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

3. (a) PRINT FULL NAME ETHEL COLTON

3. (b) If veteran, name war no

3. (c) Social Security No. unknown

20. DATE OF DEATH: About Feb. 1943
Month Feb Day 19 Year 1943

4. Sex Male 5. Color or race W

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

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

7. Birth date of deceased May 5 1878
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from born to 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Death by drowning

8. AGE: 64 Years Months 9 Days 1 If less than one day hr. min.

Due to On Mr. Rennie

Due to 183-3

Other conditions (Include pregnancy within 3 months of death) 36

9. Birthplace Rumania 6
(City, town, county) (State or foreign country)

10. Usual occupation Labourer

11. Industry or business

12. Name unknown

13. Birthplace 11 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 4

15. Birthplace 11 4
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations depression & tachy

Of autopsy 183-3

16. (a) Informant Mrs Anna Forci

(b) Address 2533 Guinotte

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-11-43
(Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director J.C. Brown

(b) Address 1201 N. 7th St

19. (a) 7-29-43 (b) J.C. Brown
(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) Accident 123

(b) Date of occurrence In Feb. 1943

(c) Where did injury occur? Jackson Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Rennie

While at work no (Specify type of place) (e) Means of injury 3

23. Signature J.C. Brown 3 Date signed 7/29/43

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

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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..... *Willie G. Lupton*
Licensed Embalmer No. *4773*
P. O. Address..... *KC 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.