

FILED SEP 21 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3805

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution;  
Lakeside  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days  
(Specify whether  
years, months or days) 8 days

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 19

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

(d) Street No. ....  
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country 1

3. (a) PRINT FULL NAME Mrs Tula ELLIOTT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Paul 6. (c) Age of husband or wife if alive unk years

7. Birth date of deceased Jan 27 84  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

59 7 5 ..hr. ..min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Jesse Spearman

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

14. Maiden name Ella Henry

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

16. (a) Informant Paul Elliott

(b) Address Garden City Mo

17. (a) Removal (b) Date thereof 9-5-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Urish Cemetery

18. (a) Signature of funeral director J. M. Kauffman

(b) Address Garden City, Mo

19. (a) 9-3-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2  
year 1943 hour .. minute .. M.

21. I hereby certify that I attended the deceased from 8/25  
..... 1943 to 9/2 1943

that I last saw her alive on 9/2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Chronic Bronchitis

Due to Analgesic Plus (Adynamia)

Other conditions 122  
(Include pregnancy within 3 months of death)

Major findings: Massive Pulmonary edema  
Of operations

Of autopsy

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? ..

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

23. Signature P. E. Brown (M. D. or other)

Address 2024 Harrison Date signed 9/2/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*maxim*

FEB 28 1958

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.....

*J.M. Korffman*, Registered Apprentice No. *1030*  
working under my personal supervision.

Signed *J.M. Korffman*  
Licensed Embalmer No. *1030*  
P. O. Address *St. Louis City*

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.