

No. 2  
1-2-43  
5-17-39  
PI X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10178

State File No. \_\_\_\_\_

Registrar's No. 1109

Registration District No. 149

Primary Registration District No. 1002

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: 2811 Campbell  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 7 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town K.C.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2811 Campbell (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ELLA WHITE TRUESDALE

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, WIDOWED  
6. (b) Name of husband or wife John W. TRUESDALE 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased AUG 24 1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>6</u>	<u>15</u>	hr. _____ min.

9. Birthplace SALINE Co. MO (City, town, or county) (State or foreign country) 0

10. Usual occupation HOUSEWIFE

11. Industry or business \_\_\_\_\_  
12. Name John WHITE  
13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)  
14. Maiden name MISSOURI CATHERINE HALL  
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country)

16. (a) Informant HUGH A. TRUESDALE  
(b) Address HIGGINSVILLE MO

17. (a) Removal (b) Date thereof MAR. 12 - 44 (Month) (Day) (Year)  
(c) Place: burial or cremation HIGGINSVILLE MO

18. (a) Signature of funeral director Ray W. Wegers  
(b) Address Higginsville Mo

19. (a) 3-9-44 (b) T. C. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9 year 1944 hour 6 minute 10 P. M.

21. I hereby certify that I attended the deceased from Apr 1 1943 to March 8 1944  
that I last saw her alive on March 8 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver - Primary site?  
Duration 5 mo.  
Symptoms \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 46 (Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings: No operation  
Of operations \_\_\_\_\_  
Of autopsy None  
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? \_\_\_\_\_

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

23. Signature Carl R. Ferris (M. D. or other) MD  
Address 934 Maple Blvd Date March 9, 1944

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.....

*Roy F. Niegler*

Licensed Embalmer No. *2883*

P. O. Address *Higginsville Md*

**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.**