

FILED MAY 11 1944

State File No. _____

Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 1894

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 3518 Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no.
In this community since October 6th, 1943 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State IOWA (b) County 999
(c) City or town mCedar Rapids (If outside city or town limits, write "RURAL") 12
(d) Street No. _____ (If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____ X 2

3. (a) PRINT FULL NAME Mrs. Bess Ottley

MEDICAL CERTIFICATION

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

20. DATE OF DEATH: Month April day 30th year 1944 hour 7:30 minute P. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elting Ottley 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased February 9 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 25 1941 to April 30 1944
that I last saw him alive on April 30 1944
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 2 Days 21 If less than one day _____ hr. _____ min.

Immediate cause of death: Pulmonary Angerion
Due to Carcinoma of right breast with metastasis
Other conditions: (Includes pregnancy within 3 months of death)
Major findings: Of operations 50
Of autopsy _____

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

10. Usual occupation at home

11. Industry or business X

MOTHER FATHER { 12. Name Joseph Lutz
13. Birthplace Iowa (City, town, or county) (State or foreign country)
14. Maiden name Ray Brookley
15. Birthplace New York (City, town, or county) (State or foreign country)

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)
(e) Means of injury _____

16. (a) Informant Elting Ottley
(b) Address Cedar Rapids, Iowa

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-2-44 (Month) (Day) (Year)
(c) Place: burial or cremation Cedar Rapids, Iowa

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

19. (a) 5-1-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

23. Signature Vito J. Bergman (M. D. certifying) 0
Address 818 Buford St Date signed 5-1-44

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

Dr. Victor Bergman

[Handwritten signature]

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. 1848

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.