

FILED DEC 12 1945 STANDARD CERTIFICATE OF DEATH

State File No. 36118  
Registrar's No. 4888

Registration District No. 149

Primary Registration District No. 1002

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

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 1 week  
(Specify whether years, months or days)

In this community as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 54

(c) City or town Lexington, 3  
(If outside city or town limits, write "RURAL")

(d) Street No. - 2  
(If rural, give location)

(e) Citizen of foreign country? no. 1  
(Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Ethel Bessie Conners

3. (b) If veteran name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25  
year 1945 hour 9:00 minute A. M.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife James Conners

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

7. Birth date of deceased: October 30 1884  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 19, 19 45 to Nov. 25, 19 45  
that I last saw her alive on November 25, 19 45  
and that death occurred on the date and hour stated above.

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

61 0 25 hr. min.

Immediate cause of death

Due to Carcinoma Stomach  
& Metastasis  
Inguinal Lymphatic

Other conditions Secondary anemia  
(Include pregnancy within 3 months of death)

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

10. Usual occupation at home, X

Major findings:  
Of operations 468

Of autopsy

PHYSICIAN  
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name David Bryant

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

14. Maiden name Mary Elizabeth Griffin  
(City, town, or county) (State or foreign country)

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

16. (a) Informant James Conners,

(b) Address Lexington, Missouri,

17. (a) removal (b) Date thereof 11-25-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lexington, Missouri

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? \_\_\_\_\_

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-28-45 (b) Sheldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_

23. Signature Sheldine Holmes (M.D. or other) \_\_\_\_\_  
Address 3336 Prof. Bldg. Date signed 11-27

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Dr. Jas. G. Montgomery

*James G. Montgomery*

JAN 20 1947

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 *J. Allen*.....

Licensed Embalmer No. *14135*.....

P. O. Address *125 E 1st*.....

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.