

FILED MAY 13 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1994

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:
202 WEST DARTMOUTH ROAD
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 53 YEARS
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON⁴⁸

(c) City or town KANSAS CITY³
(If outside city or town limits, write "RURAL")

(d) Street No. 202 WEST DARTMOUTH ROAD⁸
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)⁰

If yes, name country.....

3. (a) PRINT FULL NAME MRS. ELSIE PEARL ROUNDS

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 M.R. B. F. ROUNDS

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

7. Birth date of deceased JANUARY 27 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>1</u> hr. min.

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

10. Usual occupation AT HOME

11. Industry or business.....

MOTHER FATHER {

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Julius C. Turner

(b) Address 202 W. Dartmouth Rd.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof APR 30 1946
(Month) (Day) (Year)

(c) Place: burial or cremation MT WASHINGTON CEM.

18. (a) Signature of funeral director D. W. Newcomer's son

(b) Address 1401 BRUSH GREEN BLD.

19. (a) 4-30-46 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28TH year 1946 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from March 31-46 to April 11th 1946; that I last saw her alive on April 11-46 1946; and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cerebral aneurysm

Due to with metastasis

Due to.....

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

Major findings:
Of operations as above

Of autopsy.....

PHYSICIAN.....
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) (b) Means of injury.....

23. Signature Wm. C. Williams (M. D. or other)
Address Angle Bldg. N. W. 1000 Date signed April 29

Joseph Harpster
5:00 P.M.

JAN 6 1932

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 *Melvin Miller*
Licensed Embalmer No. *4407*
P. O. Address *Kansas City, 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.