

S. No. 2
M-543
7. 5-17-39
P. I X36671

27271

State File No. _____

FILED SEP 3 1946

Registrar's No. **3606**

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:
3001 1/2 Benton Plaza
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution At Home
(Specify whether
 In this community Seven Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")
 (d) Street No. 3001 1/2 Benton Plaza **8**
(If rural, give location)
 (e) Citizen of foreign country? No. **1**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Ella Francis Motley
 3. (b) If veteran, name war no
 3. (c) Social Security No none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Aug day 19
 year 1946 hour 4 minute P. M.
 21. I hereby certify that I attended the deceased from Deputy - Corner
 that I last saw him alive on _____ 19____
 and that death occurred on the date and hour stated above.

4. Sex Female 25. Color or race Negro
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 7, 1889
(Month) (Day) (Year)

Immediate cause of death Hypertensive Heart Disease
 Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>7</u>	<u>12</u>	hr. _____ min.

Due to _____ **93d**
 Due to _____
 Other conditions undetermined
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife
 11. Industry or business _____
 12. Name John Clark **9**
 13. Birthplace Don't Know **9**
(City, town, or county) (State or foreign country)
 14. Maiden name Don't Know **9**
 15. Birthplace Don't Know **9**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy No Permit
 Underline the cause to which death should be charged statistically.

16. (a) Informant Ramond E. Daniels
 (b) Address 2811 Vine St.
 17. (a) Burial (b) Date thereof Aug 22 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln Cemetery West, Appleton & Jones Ave
 18. (a) Signature of funeral director _____
 (b) Address 1905 Vine St.
 19. (a) 8-20-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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?
(Specify type of place) (e) Means of injury
 23. Signature Thompson (M. D. or other) **Deputy P 3**
 Address 2036 Brooklyn Date signed _____

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

8-20-46

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.....

W. H. West
.....
Licensed Embalmer No. *30710*

P. O. Address *K. 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.