

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33790

State File No. _____

FILED NOV 5 1946
199

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4417

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY

(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 52 DAYS
(Specify whether years, months or days) 2 YRS.

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 2729 OLIVE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ETHEL LEE HILES STINSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE

5. Color or race NEGRO

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

6. (b) Name of husband or wife Dan Stinson

6. (c) Age of husband or wife if alive 41 years

7. Birth date of deceased JULY 21, 1916
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>30</u>	<u>2</u>	<u>26</u>	hr. _____ min. _____

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

10. Usual occupation PRESSER (CLEANER)

11. Industry or business _____

12. Name KENNEY DENMAN

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

14. Maiden name HATTIE ROACH

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

16. (a) Informant KENNEY DENMAN (FATHER)

(b) Address 2430 PROSPECT

17. (a) Burial (b) Date thereof 10/21/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter B. ...

(b) Address 1729 Maple Avenue

19. (a) 10-21-46 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 17,
year 1946 hour 8: minute 40 P.M.

21. I hereby certify that I attended the deceased from AUGUST 25, 1945, to OCTOBER 17, 1946
that I last saw her alive on OCTOBER 17, 1946,
and that death occurred on the date and hour stated above.

Immediate cause of death 1. CARCINOMA OF HEAD OF PANCREAS WITH OBSTRUCTION OF COMMON BILE

~~###~~ 2. RESIDUAL CHOLE-JEJUNOSTOMY

Due to _____

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

Major findings: _____

Of operations: _____

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? _____

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature Frank ... (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 10/18/46

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

33010

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.....

Jerome Manlove

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.**