

1. PLACE OF DEATH:
 (a) County Jacks on
 (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 since 11-14-46
(Specify whether years, months or days)
 In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jacks on
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3809 Walnut Street,
(If rural, give location)
 (e) Citizen of foreign country? NO. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Mrs. DOLLIE M. Christel
 3. (b) If veteran, name war no.
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month November day 16
 year 1946 hour 8:50 minute A. M.

4. Sex female 5. Color or race white
 6. (a) Single, widowed, married, divorced divorced
 6. (b) Name of husband or wife unknown
 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased 5 2 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 14 1946 to Nov 16 1946
 and that death occurred on the date and hour stated above.
(That I last saw her alive on Nov 16 1946)

8. AGE: Years 64 Months 6 Days 14
If less than one day hr. min.

Immediate cause of death Stomach from chronic duodenal ulcer
 Duration 2 da

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

Due to _____
 Due to 11715

10. Usual occupation Kansas

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

11. Industry or business at home

Major findings: 4 years duration with repeated hemorages
 Of operations _____
 Of autopsy as above

12. Name Elias Weddle

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

14. Maiden name Mollie Mayer

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

16. (a) Informant Mrs. Ruth Emert,

(b) Address 4914 College, Kansas City, Mo.

17. (a) burial (b) Date thereof 11-18-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Scott Kaus,

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

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

19. (a) 11-18-46 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury A

23. Signature Leard E. ... (M. D. or other) _____
 Address 279 Prof ... Date signed 11/18

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

Dr. R. C. Davis

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. Clair Sheppard*
Licensed Embalmer No. *4179*
P. O. Address *K. O. Iron*

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.