

Registration District No. 149

Primary Registration District No. 1002

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: 825 N. Prospect  
(If not a hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 25 yrs (Specify whether years, months or days)

In this community 25 yrs

3. (a) PRINT FULL NAME IDA C. AMBROSE

3. (b) If veteran, name war - no

3. (c) Social Security No. no

4. Sex Female 5. Color or race W

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

6. (b) Name of husband or wife Ralph H. Ambrose 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Aug 9 1890  
(Month) (Day) (Year)

8. AGE Years 56 Months 9 Days 11 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name James Standlee

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

14. Maiden name Nancy Coker

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

16. (a) Informant R. H. Ambrose

(b) Address 825 N. Prospect

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/22/47  
(Month) (Day) (Year)

(c) Place: burial or cremation Greenland

18. (a) Signature of funeral director Detlev K. Jensen

(b) Address 1200

19. (a) 5-21-47 (Date received local registrar) (b) Staldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 825 N. Prospect  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20<sup>th</sup> year 1947 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from 5-16-47 to 5-20 1947  
and that I last saw her alive on 5-18 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia

Due to adenocarcinoma of spleen & stomach

Due to primary site in uterus

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Biopsy 48h

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? \_\_\_\_\_

23. Signature Charles H. Humber (While at work? no) (Specify type of place) (c) Means of injury 2

Address 2717 Rockstar Date signed 5-21-47

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

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**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.....

*John B. Regetina*  
.....

Licensed Embalmer No. *14273*

P. O. Address *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. .**