

FILED OCT 21 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4202

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:
4443 Wayne
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 3 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson #8
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 4443 Wayne 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Ella Francis Siela

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 widow 2
6. (b) Name of husband or wife George Siela 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased January 5, 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 29 hr. min.

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

10. Usual occupation invalid

11. Industry or business _____

MOTHER FATHER { 12. Name Reuben George

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

14. Maiden name unknown

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

16. (a) Informant Mrs. August Reinert

(b) Address 4443 Wayne

17. (a) removal (b) Date thereof 10-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Joseph, Mo.

18. (a) Signature of funeral director Heaton-Bowman

(b) Address St. Joseph, Mo.

19. (a) 10-5-47 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 4
year 1947 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from March
1946 to Oct. 4 19 47
that I last saw her alive on Oct. 4 19 47
and that death occurred on the date and hour stated above.

Immediate cause of death coronary thrombosis Duration 2 hrs.

Due to hypertension
nephritis

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

Major findings: 13/0 PHYSICIAN _____
Of operations _____
Of autopsy _____
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 _____
23. Signature Heaton-Bowman (M. D. or other) MD
Address 1014 W. 1st Date signed 10/5/47

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

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.....

Licensed Embalmer No.....

P. O. Address.....

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.

10. Usual occupation: INVALID (City, town, or county) (State or foreign country)

11. Industry or business

MOTHER { 12. Name: REUBEN GEORGE

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

MOTHER { 14. Maiden name: UNK

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

16. (c) Informant: Miss August Reimer

(b) Address: 1443 Wayne Kansas City, Mo.

17. (a) Removal (b) Date thereof: 10-4-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

18. (a) Signature of funeral director: Heston Bowman

(b) Address: 318 510th St. Joseph, Mo

19. (a) 10-5-47 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

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

Major findings:
Of operations

Of autopsy

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

While at work? (e) Means of injury

23. Signature: [Signature] (M. D. or other) MD

Address: 1012 [Signature] Date signed: 10/5/47

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Eugene Wood

Licensed Embalmer No.....

3804

P. O. Address.....

319 So 10th St, Memphis, TN

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.