

No. 2  
-5-43  
5-17-39  
I X36671

State File No.

Registrar's No.

REGISTERED **FILED DEC 15 1947**

Primary Registration District No. 1002

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

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:  
2427 Troost  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX (Specify whether)

In this community 57 years (Specify whether years, months or days)

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. 2427 Troost  
(If rural, give location)

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

If yes, name country U

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3. (a) PRINT MRS. CORA E. ERNST  
FULL NAME

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh

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

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

7. Birth date of deceased May 29 1860  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 6 6 hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER

12. Name James Wasson

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

14. Maiden name Martha McIntyre

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

16. (a) Informant Mrs. T. J. Essex

(b) Address 4944 Lydia

17. (a) Removal (b) Date thereof 12-6-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wellsville, Kansas

18. (a) Signature of funeral director J W Wagner

(b) Address Kansas City, Mo.

19. (a) 12-5-47 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 5th  
year 1947 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from 1937 to 12-5, 1947  
that I last saw him alive on 12-3, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Senility and Myocarditis with hypertension

Due to arteriosclerosis and Myocarditis

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

Duration

PHYSICIAN

Major findings:  
Of operations as above

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 0

23. Signature Jury R. Thorne (M. D. or other)

Address 6107 Bryant Bldg Date signed \_\_\_\_\_

✓ A 2400  
Alvin R. Hunschler 1939

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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..... *Alvin R. Hunschler*

Licensed Embalmer No. *4159*

P. O. Address..... *Kansas City*

**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.**