S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16313

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2349

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: General Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution few hrs. (Specify whether
In this community Do not know
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 911 E 9th St 8
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No) 0

If yes, name country 1

3. (a) PRINT FULL NAME Wilma ETZ

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

3. (c) Social Security No. Do not know

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Do not know

6. (b) Name of husband or wife —

6. (c) Age of husband or wife if alive Do not know years

7. Birth date of deceased May ~~1893~~ (Month) 23 (Day) 1883 (Year)

8. AGE: Years ~~55~~ 65 | Months 0 | Days 9 | If less than one day ___ hr. ___ min.

9. Birthplace Do not know 9
(City, town, or county) (State or foreign country)

10. Usual occupation 1

11. Industry or business Do not know

FATHER
12. Name 9
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name 1
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Coroner office 1
(b) Address K C Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof June 4 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Miamisburg Ohio

18. (a) Signature of funeral director Pas Santino Bros
(b) Address K C Mo

19. (a) 6-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 2
year 1948 hour 2 minute 42 P. M.

21. I hereby certify that I attended the deceased from ___, 19___, to ___, 19___;
that I last saw h___ alive on ___, 19___;
and that death occurred on the date and hour stated above.

Immediate cause of death Polassium Cyanide

Due to Poisoning

Due to

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings:
Of operations 1630

Of autopsy See Above

Duration

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) Suicide

(b) Date of occurrence 6/2/48

(c) Where did injury occur? Kansas City MO
(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 No (e) Means of injury Trauma

23. Signature A. E. Ussher (M.D. or other) MD

Address 2800 Main Date signed 6/4/48

(Licensed Embalmer's Statement on Reverse Side)

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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address Ft. C.

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.