

**FILED OCT 1 1948**  
Registration District No. 149

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:  
1101 Bennington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 28 yrs years, months or days)

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. 1101 Bennington  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME SOULIS, Mrs. Celia Helen

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Fem 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dennis Soulis 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased 11/22/1904  
(Month) (Day) (Year)

8. AGE: Years 43 Months 9 Days 28 If less than one day  
hr. min.

9. Birthplace Hall Co., Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business --

MOTHER FATHER { 12. Name Henry Haney  
13. Birthplace Arkansas  
(City, town, or county) (State or foreign country)  
14. Maiden name Shane Shirley  
15. Birthplace Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Dennis Soulis  
(b) Address 1101 Bennington

17. (a) Burial (b) Date thereof 9/23/48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Maple Hill Cem. K C K

18. (a) Signature of funeral director John P. Sheil  
(b) Address Kansas City, Mo.

19. (a) 9-21-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 20  
year 1948 hour 10 minute 30 A. M.

21. I hereby certify that I attended the deceased from May '48  
1948 to 9-20 1948  
that I last saw her alive on 9-16-48 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of the breast

Duration  
2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions 50  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
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)  
(c) Means of injury 0

23. Signature J.P. Reier (M. D. or other)  
Address 730 Prof. Bldg. Date signed 9/21/48

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

*Charles E. Mayfield*

Registered Apprentice No. *18*

working under my personal supervision.

Signed *John J. Smith*

Licensed Embalmer No. *23625-*

P. O. Address *K.C. 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.