

MISSOURI ILLUSTRATION OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No. 32878
 Registrar's No. 3988

FILED NOV 4 1948/49
 Registration District No. _____

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:
General Hospital #1 D
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4½ hours
(Specify whether
 In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")
 (d) Street No. Portland Hotel, 558 main 0
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ROBERT ETHERTON
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 27
 year 1948 hour 4 minute 50 Am.
 21. I hereby certify that I attended the deceased from September 27
1948 to September 27, 1948
 that I last saw him alive on September 27, 1948
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Nellie Etherton
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased: Sept. 22nd. 1888
(Month) (Day) (Year)

Immediate cause of death Perforated peptic ulcer with generalized peritonitis
 Due to _____
 Due to _____

8. AGE: Years 60 Months 0 Days 5
 If less than one day hr. _____ min. _____

Other conditions 117a
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

9. Birthplace Mercer Co. Missouri D
(City, town, or county) (State or foreign country)
 10. Usual occupation Farmer

PHYSICIAN
 Underline the cause to which death should be charged statistically.

11. Industry or business _____
 12. Name David Etherton
 13. Birthplace Mercer Co. Missouri D
(City, town, or county) (State or foreign country)
 14. Maiden name Sarah Thogmartin
 15. Birthplace Don't Know G
(City, town, or county) (State or foreign country)

16. (a) Informant Ada Stokes
 (b) Address Independence, Mo.
 17. (a) Burial (b) Date thereof 10-1-48
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Spickard, Mo.

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? D

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.
 19. (a) 10-1-48 (b) Sheldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury W. W. Hart
 23. Signature W. W. Hart (M. D. or other) W. W. Hart
 Address K.C. Mo. Date signed _____

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

Willis V. Bennett

..... Licensed Embalmer No. *4438*

..... P. O. Address *A. 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.