

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 589

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 9 YEARS		d. STREET ADDRESS (If rural, give location) 600 WEST 66 <sup>TH</sup> TERRACE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LUKE'S HOSPITAL			

3. NAME OF DECEASED (Type or Print)	a. (First) ELIZABETH	b. (Middle) GIDEON	c. (Last) Ezell	4. DATE OF DEATH (Month) (Day) (Year) FEB. 7-1949
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5. SEX Female	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. - 20 - 1875	9. AGE (In years last birthday) 73 YRS.	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) ELKTON TENNESSEE	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME RICHARD I. BAUGH	13b. MOTHER'S MAIDEN NAME FRANCES BOWERS	14. NAME OF HUSBAND OR WIFE A. G. EZELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME Mrs. Harold P. Manovill	ADDRESS 600 WEST 66 <sup>TH</sup> TERRACE KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 151X DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastases widespread			

19a. DATE OF OPERATION 1-8-49	19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach with metastases	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1-6, 1949, to 2-7, 1949, that I last saw the deceased alive on 2-7, 1949, and that death occurred at 10:25 A.M., from the causes and on the date stated above.

23a. SIGNATURE Walton C. Ingham (Degree or title) M.D.	23b. ADDRESS 320 W 47 <sup>TH</sup> ST	23c. DATE SIGNED 7 Feb 49
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE FEB. 9 - 1949	24c. NAME OF CEMETERY OR CREMATORY ELKTON CEMETERY	24d. LOCATION (City, town, or county) (State) ELKTON, TENNESSEE
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DATE REC'D BY LOCAL REG. 2-9-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE O.H. Newcomer	ADDRESS 1401 - BRUSH CREEK BLVD KANSAS CITY, MO.
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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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed.....

*Edward M. Storey*

Licensed Embalmer No. *4452*

P. O. Address *K.C. 4 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.