

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 4 1/2 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 C 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 Months Days If less than one day

60 0 5 hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

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.

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)

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

Major findings: 117a

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) \_\_\_\_\_

(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

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury W. W. Hart

23. Signature W. W. Hart (M. D. or other) W. W. Hart

Address K.C. Mo. Date signed \_\_\_\_\_

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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

*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.**