WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

27449

1. PLACE OF DEATH

County Jackson — Registration District No. ..... — File No. 27449

Township Kaw — Primary Registration District No. ..... — Registered No. 3525

City Kansas City (No. Vineyard Park Hospital St. ..... Ward)

2. FULL NAME Mary D. Jaenicke

(a) Residence. No. ..... St., ... Ward. Logan, Kansas
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF R. W. Jaenicke

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 18, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	42	2	5	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Kansas

PARENTS

10. NAME OF FATHER James Baker

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Lydia Pomroy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Iowa

14. INFORMANT R. W. Jaenicke
(Address) Logan, Kans.

15. FILED 8/23, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 23, 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1928, to Aug 23, 1928 that I last saw h. Aug alive on Aug 23, 1928, and that death occurred, on the date stated above, at 2:10 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gallstones & Cholecystitis

118 W 12L 12R 122R

(duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Post operative Hernia

(duration) 2 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 21-28

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) J. G. Shelton, M. D

8/23, 1928 (Address) K. C. Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF ~~BURIAL, CREMATION, OR~~ REMOVAL	DATE OF ~~BURIAL~~
Phillipsburg, Kans	8-23 1928
20. UNDERTAKER	ADDRESS
Stine & McClure	924 Oak

604 Commerce