

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

17458  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 100 Registered No. 2155  
 (c) City Kansas City (d) Street No. 901 LINWOOD BLVD. St.  
 (e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.  
 2. PRINT FULL NAME Mary B. FOLEY  
 (a) Residence, No. 901 Linwood Blvd. St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female  
 4. COLOR OR RACE White  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Foley  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 28 1886  
 7. AGE YEARS 51 MONTHS 90 DAYS 126 If LESS than 1 day, .....hrs. or .....min.  
 OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cashier  
 9. Industry or business in which work was done, as saw mill, bank, etc. Sm. Bar  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Neola, Iowa  
 FATHER  
 13. NAME Mathew Lansing  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 MOTHER  
 15. MAIDEN NAME Catherine Green  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Iowa  
 17. INFORMANT (ADDRESS) Mrs John Doorn  
Omaha, Nebr.  
 18. PLACE OF BIRTH OR REMOVAL PLACE Omaha, Nebr. DATE 5/27/38  
 19. FUNERAL DIRECTOR (ADDRESS) Melody-McGilley  
K. C. Mo.  
 20. FILED May 26, 1938 M. M. Cross  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-24-38, 19  
 22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him alive on May 20, 1938 Death is said to have occurred at home stated above, at 5:30 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Subdural cerebral hemorrhage  
 Date of onset 8201  
 Other contributory causes of importance:  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
 23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_  
 24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) Arthur B. Patten, M. D.  
 (Address) San Diego; Cal. Mo.

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.

**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**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.)**