DEC'D JAN 16 1939

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

43335
Do not use this space.

1. PLACE OF DEATH
(a) County JACKSON 2 Registration District No. 403
(b) Township ~~KAW~~ BROOKING 1 Primary Registration District No. 5557 Registered No.
(c) City KANSAS CITY (d) Street No. 54TH + BENNINGTON St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. MARY D. MADICK
(a) Residence, No. 54TH + BENNINGTON St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED
5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF WILLIAM S. MADICK
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JANUARY-18-1869
7. AGE: YEARS 69 | MONTHS 11 | DAYS 5 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. HOUSEWIFE
9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) LOCKHAVEN (STATE OR COUNTRY) PENNSYLVANIA 1

FATHER
13. NAME JOHN DUBLER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND 7

MOTHER
15. MAIDEN NAME ANNA NICHOLS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SWITZERLAND 7

17. INFORMANT MR. WILLIAM S. MADICK (ADDRESS) 54TH + BENNINGTON
18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE FOREST HILL DATE Dec. 27 1938
19. FUNERAL DIRECTOR (NAME) D. W. NEWCOMER'S SONS (ADDRESS) 1401 BRUSH CREEK BLVD
20. FILED 12-27 1938 D. M. Eubank Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 23 1938
22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1937, to Dec 22, 1938.
I last saw ~~her~~ alive on Dec 22, 1938. Death is said to have occurred on the date stated above, at 8:00 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Squamous Cell Carcinoma of the Cervix	1937

4

Other contributory causes of importance:
Cachexia
Generalized Metastasis

Name of operation Radium Insertion Date of Nov 24 '37
What test confirmed diagnosis? Biopsy Was there an autopsy? No

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? No
If so, specify
(Signed) Kip Robinson M.D.
(Address) 1928 Professional Bldg K.C. Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

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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 Neil Carr

Licensed Embalmer No. 3976

P. O. Address.....

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, above space should be left blank.