

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.

REC'D SEP 6 1939

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28342  
Registrar's No. 3344

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
St. Joseph Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution XXXXX  
(Specify whether)  
 In this community 4 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
 (c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL")  
 (d) Street No. Linwood and Prospect  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

8. (a) PRINT FULL NAME Sister Mary Rose (May)  
 8. (b) If veteran, name war No 8. (c) Social Security No. 000

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single  
 6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years abt 50 yrs Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis Mo. no  
(City, town, or county) (State or foreign country)

10. Usual occupation Catholic nun

11. Industry or business

MOTHER FATHER { 12. Name Henry May  
 13. Birthplace St. Louis Mo. Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Catharine Roland  
 15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Catharine May  
 (b) Address St. Joseph Hospital K.C., Mo.

17. (a) Rural (b) Date thereof 8/25/39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director W. F. Mayberry  
 (b) Address 2315 Linwood Blvd.  
8/24/39 (c) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23rd, 1930  
 year 1939 hour II minute 30 A.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_; that I last saw \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
 Due to Coronary Sclerosis

Other conditions Chronic Atrophic Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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? No

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
 23. Signature Russell W. Fox (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ Date signed \_\_\_\_\_

*Dr. R. E. Snow*

**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 \_\_\_\_\_

*R. E. Snow*

Registered <sup>*Emb*</sup> ~~Apprentice~~ No. *2560*

working under my personal supervision.

Signed *R. E. Snow*

Licensed Embalmer No. *2934*

P. O. Address *St. O. 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, above space should be left blank.**