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U. S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 20757

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 2071

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 St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days) In this community 70 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits write "RURAL")
(d) Street No. Lorraine Hotel-1014 Broadway (If rural, give location)
(e) If foreign born, how long in U. S. A.? 73c Years years

3. (a) PRINT FULL NAME Mrs. Mary N. Suter 360
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased September (Month) 18 (Day) 1846 (Year)
8. AGE: Years 93 Months 8 Days 21 If less than one day hr. min.
9. Birthplace Jersey Island (City, town, or county) England (State or foreign country)
10. Usual occupation At Home
11. Industry or business --
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. M. Thineman
(b) Address Chicago, Illinois
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 19 (Month) (Day) (Year)
(c) Place: burial or cremation Floral Hills Cem.
18. (a) Signature of funeral director O. H. Bucomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) June 10, 1940 (Date received local registrar) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9th year 1940 hour 5 minute 50 P. M.
21. I hereby certify that I attended the deceased from June 8-1940, 19, to June 9, 1940, that I last saw her alive on June 9-1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio-Sclerotic Heart Disease	7
Due to —	
Due to —	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Arterio Sclerotic Heart Disease

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? (Specify type of place)
While at work? (e) Means of injury
23. Signature Samuel Snider (M. D. or other)
Address 221 Plaza Med Bldg Date signed
Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

221. Plaza Medical Bldg.
10:30-4

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K 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, above space should be left blank.