No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24353
Registrar's No. 2963

Registration District No. 399 Primary Registration District No. 1002

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: 2612 Bales,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 15 years, years, months or days)

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. 2612 Bales,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME Mrs. Elizabeth Dancy, 520
3. (b) If veteran, name war no.
3. (c) Social Security No. no.
4. Sex Female
5. Color or race White,
6. (a) Single, widowed, married, divorced Widowed,
6. (b) Name of husband or wife Benjamin Dancy,
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased August (Month) 13 (Day) 1877 (Year)

8. AGE: Years 62 Months 11 Days 11 If less than one day hr. min.

9. Birthplace Illinois. (City, town, or county) (State or foreign country)
10. Usual occupation at home,
11. Industry or business x

FATHER
12. Name Samuel Whitman,
13. Birthplace New York, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Harriet Williams,
15. Birthplace Illinois, (City, town, or county) (State or foreign country)

16. (a) Informant Thelma Dancy,
(b) Address 2612 Bales, Kansas City, Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof 7-26-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) July 25, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24, year 1940 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from ..... 19..., to ..... 19...; that I last saw her alive on ..... 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Acute pulmonary edema — Duration
Due to Chronic diffuse myocardial fibrosis
Due to Coronary sclerosis 93 C
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

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 [signature] (M. D. or other)
Address K. C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

Coroner

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.....

Licensed Embalmer No. 1415

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.