

Registration District No. **1001**

Primary Registration District No. **1001**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: **BUCHANAN**  
 (a) County...  
 (b) City or town... **ST. JOSEPH**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: **STATE HOSPITAL No. 2**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **3 years**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Elizabeth King**  
 3. (b) If veteran, name war...  
 3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **white**  
 6. (a) Single, widowed, married, divorced **wid**  
 6. (b) Name of husband or wife **Wesley A. King**  
 6. (c) Age of husband or wife if alive **22** years  
 7. Birth date of deceased **March 10 1855**  
 (Month) (Day) (Year)

8. AGE: Years **85** Months **6** Days **9**  
 If less than one day hr. min.

9. Birthplace **Ray Co. Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business

MOTHER FATHER  
 12. Name **Louis G. Gallagher**  
 13. Birthplace **Dublin**  
 (City, town, or county) (State or foreign country)  
 14. Maiden name **Mary Weston**  
 15. Birthplace **Canada**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **State Hosp. records**  
 (b) Address **State Hosp # 2**

17. (a) **Burial** (b) Date thereof **Sept 21 40**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Kansas City Mo.**

18. (a) Signature of funeral director **Monten Funeral Home**  
 (b) Address **200 Kansas City Blvd**

19. (a) **9/19/40** (b) **P. S. Talt**  
 (Date received local registrar) (Registrar's signature)

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. **3660 Summit**  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month **Sept** day **19**  
 year **1940** hour **9** minute **15** P. M.

21. I hereby certify that I attended the deceased from **July 1st** 1940 to **Sept 19** 1940  
 that I last saw her alive on **Sept 19** 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death **For months has been bed ridden & downed simple state both mentally and physically, finally developing Hypostatic Pneumonia, after death**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) **|||||**

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **none**

Duration  
 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? **85**

While at work? \_\_\_\_\_ (Specify type of place)  
 (a) Means of injury \_\_\_\_\_

23. Signature **P. S. Talt** (M.D. or other) **me**  
 Address **State Hosp. # 2 57 1/2** Date signed **9-22-40**

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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.....

Licensed Embalmer No.....

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, fact should be so stated above.**