

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3875

NOV 12 1940
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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

1. PLACE OF DEATH: *Jackson*
 (a) County *Kansas City*
 (b) City or town *Kansas City*
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: *2600 Lockridge 2*
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution *60 years* (Specify whether
 In this community *60 years*
 years, months or days)

3. (a) PRINT FULL NAME *Mary L. Hamby*
 (b) If veteran, name war *no*
 (c) Social Security No. *no*

4. Sex *Fe*
 5. Color or race *Wh.*
 6. (a) Single, widowed, married, divorced *Widow*
 (b) Name of husband or wife *James Hamby*
 (c) Age of husband or wife if alive *7* years
 7. Birth date of deceased *Feb 7 - 1867*
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<i>78</i>	<i>7</i>	<i>29</i>	hr. min.

9. Birthplace *Peoria Ill.*
 (City, town, or county) (State or foreign country)

10. Usual occupation *House wife*

11. Industry or business

12. Name *William Kelly*

13. Birthplace *New York*
 (City, town, or county) (State or foreign country)

14. Maiden name *Sarah A Roberts*

15. Birthplace *Richmond Mo.*
 (City, town, or county) (State or foreign country)

16. (a) Informant *Mrs J A Bundy*

(b) Address *2600 Lockridge*

17. (a) *Cremation* (b) Date thereof *Oct 8-40*
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation *Edmund*

18. (a) Signature of funeral director *Bergman Funeral Home*

(b) Address *4300 Mill creek*

19. (a) *10-7-40* (b) *M. M. Brown*
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State *Mo* (b) County *Jackson*
 (c) City or town *Kansas City*
 (If outside city or town limits, write "RURAL")
 (d) Street No. *2600 Lockridge*
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month *Oct* day *6*
 year *1940* hour *6:30* minute *a* M.

21. I hereby certify that I attended the deceased from *Oct 1 1940* to *Oct 6 1940*
 that I last saw her alive on *Oct 6 1940*
 and that death occurred on the date and hour stated above.

Immediate cause of death *Cerebral Thrombosis 17 days*

Due to *Sev. Arteriosclerosis yrs.*

Due to

Other conditions (Include pregnancy within 3 months of death) *82B*

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?

While at work? (Specify type of place) (e) Means of injury *!*

23. Signature *Wesley H. Young M.D. or other M.D.*

Address *1107 Bryant Bldg* Date signed *10-7-40*

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

Harry Bergman

..... Licensed Embalmer No. *2041*

..... P. O. Address: *Kan City 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, fact should be so stated above.