

NOV 1 1940

Registration District No.

Primary Registration District No.

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

1. PLACE OF DEATH: **Jackson**
 (a) County **Kansas City**
 (b) City or town _____
 (c) Name of hospital or institution **3409 Cleveland** **2**
(If outside city or town limits, write "RURAL" and name of township)
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **40 years**
years, months or days)

3. (a) PRINT FULL NAME **Marguerite McCandless**
 3. (b) If veteran, name war **no**
 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 **William McCandless**
 6. (c) Age of husband or wife If alive _____ years
 7. Birth date of deceased **May 2 1849**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	91	5	21	hr. _____ min.

9. Birthplace **Montreal Canada** **2**
(City, town, or county) (State or foreign country)

10. Usual occupation **at home** **2**

11. Industry or business **4**

MOTHER FATHER {
 12. Name **Charles Labeau**
 13. Birthplace **Montreal Canada**
(City, town, or county) (State or foreign country)
 14. Maiden name **Ann Kidd**
 15. Birthplace **England**
(City, town, or county) (State or foreign country)

16. (a) Informant **Miss Xzilda McCandless**
 (b) Address **3409 Cleveland, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **10-25-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
Mt. St. Marys

18. (a) Signature of funeral director **J. F. O'Donnell Co.**

(b) Address **3256 Broadway, K. C. Mo.**

19. (a) **10-24-40** (b) **M. M. Brown**
(Date received from 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. **3409 Cleveland**
(If rural, give location)
 (e) If foreign born, how long in U. S. A? **40** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **23**
 year **1940** hour **12:00** minute **A. M.**

21. I hereby certify that I attended the deceased from **Aug 10**
1938 to **Oct 29**, 19**40**
 that I last saw her alive on **Sept 10**, 19**40**
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary occlusion** **1/2**
Duration

Due to **Atherosclerosis** **20 yrs**

Due to **senility** **94 1/2** **20 yrs**

Other conditions **None**
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: **None**
 Of operations _____
 Of autopsy **None**
 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 **J. M. Eubank** (M. D. or other) **10/23/40**
 Address **Raytown, Mo.** Date signed **10/23/40**

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Park G. Rowe*.....

Licensed Embalmer No. *2347*.....

P. O. Address *11 E. 7th*.....

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.