DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37724

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4322

REC'D DEC 1 1940

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. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 20 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. 4031 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

3. (a) PRINT FULL NAME: ELIZABETH MAHER
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:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: January, 3, 1864. (Month) (Day) (Year)

8. AGE: Years 76 | Months 10 | Days 8 | If less than one day hr. min.
9. Birthplace: Elmira (City, town, or county) N.Y. (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: John Hassett.
13. Birthplace: Ireland. (City, town, or county) (State or foreign country)
14. Maiden name: Elsie
15. Birthplace: Ireland. (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Miss Edna Maher
(b) Address: 4031 Forest
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Topeka, Kansas
18. (a) Signature of funeral director: Zurik & Tatum Co.
(b) Address: K. C., Mo.
19. (a) 11-13-40 (Date received local registrar) (b) M. M. Grover (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11 year 1940 hour minute M.
21. I hereby certify that I attended the deceased from Nov 10, 1940, to Nov 11, 1940, that I last saw her alive on Nov 11, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	
Due to: 94B	
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	

Major findings: Of operations: no
Of autopsy: no

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: Clement Lyner M.D. (M. D. or other)
Address: 214 Withington Bldg. Date signed 11/13/40

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....Harold Perry.....

Licensed Embalmer No. 4097

P. O. Address.....K. C. Mo.

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

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