S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37856

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4454

FILED DEC 2 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: 1115 East 36th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---------- (Specify whether years, months or days)
In this community 12 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. 1115 East 36th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ------ years.

3. (a) PRINT FULL NAME Mrs. Martha McDowell
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 Martin McDowell
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased March (Month) 25 (Day) 1854 (Year)
8. AGE: Years 86 Months 7 Days 27 If less than one day ____ hr. ____ min.
9. Birthplace Mercier Coubty (City, town, or county) Pennsylvania (State or foreign country)
10. Usual occupation None
11. Industry or business
MOTHER FATHER
12. Name James Vanatta
13. Birthplace Mercier County (City, town, or county) Pennsylvania (State or foreign country)
14. Maiden name Caroline [illegible]
15. Birthplace Mercier County (City, town, or county) Pennsylvania (State or foreign country)
16. (a) Informant Mrs. Fred J. Martin
(b) Address 1115 East 36th Street
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Nov. 22, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Keota, Iowa
18. (a) Signature of funeral director D. H. Turcomes Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 11-22-40 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month november day 21 year 1940 hour 4 minute 15 A.M. P.M.
21. I hereby certify that I attended the deceased from November 15, 1940, to Nov. 21, 1940, that I last saw her alive on Nov. 20 - 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia — Duration 4 days
Due to Myocardial failure
Due to Senile - 108
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
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 Leib Wyatt (M. D. or other)
Address 3850 Prospect Date signed 11-22-40

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. H. Wyatt
3850 Prospect
4-6:30

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 C. Hervey Quesenbe

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

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

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