

No. 2
4-13-40
-17-39
X23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1201

State File No.

161

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:
519 Cypress
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community. 14 yrs. (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME Mary A Lane
 3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased June 11th. 1861
 (Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 20 If less than one day, _____ hr. _____ min.

9. Birthplace Georgia
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
 12. Name Pinkerton McKelvy
 13. Birthplace Georgia
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucendia Stewart
 15. Birthplace Virginia
 (City, town, or county) (State or foreign country)

16. (a) Informant Mr. Coxwell
 (b) Address 519 Cypress

17. (a) Burial (b) Date thereof 1/13/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director C. H. Blackman
 (b) Address 2825 Indep. Blvd.

19. (a) Jan 12, 1941 (b) M. M. Brown
 (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. 519 Cypress (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 11th.
 year 1941 hour 3 minute 30 P. M.
 21. I hereby certify that I attended the deceased from Jan. 10
1941 to Jan. 11 1941
 that I last saw h. _____ alive on _____ 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death Basaloid Pneumonia
 Duration 3 days

Due to influenza & chronic myocardiitis

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: _____
 Of operations: _____
 Of autopsy: _____
 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 0

23. Signature [Signature] (M. D. or other) _____
 Address [Address] Date signed 1/12/41

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

3924 Decent

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

H. D. Blackman

Licensed Embalmer No.

3639

P. O. Address

K.C. 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.