

No. 2
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FILED FEB 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **1388**

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. **348**

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. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 47 Days
(Specify whether years, months or days)
In this community 40 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. 3406 Wayne Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ----- years.

3. (a) PRINT FULL NAME Mrs. Mary D. McCrory Cuddy

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 Mr. Stephen M. Cuddy 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased March 3 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 10 20 hr. min.

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

10. Usual occupation At Home

11. Industry or business -----

MOTHER FATHER { 12. Name Brice McCrory
13. Birthplace Sullivan County New York
(City, town, or county) (State or foreign country)
14. Maiden name Amy Short
15. Birthplace Connecticut
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cuddy
(b) Address 4316 Kelly St N.E.W.

17. (a) Burial (b) Date thereof Jan. 25, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral directors D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 24 1941 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23rd
year 1941 hour 11 minute P. M.

21. I hereby certify that I attended the deceased from Dec 6, 1940 to Jan 23, 1941;
that I last saw her alive on Jan 23, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to 108

Due to -----

Other conditions -----
(Include pregnancy within 3 months of death)

Major findings: Of operations -----
Of autopsy -----

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 William A Baker (M. D. or other) MD
Address 1030 Argyle St. Date signed 1/24/41

Duration

7 1/2 weeks

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

John

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. Henry Quisenberry

Licensed Embalmer No.

4070

P. O. Address.....

H. 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.