

APR 15 1941

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **1033**

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:
1020 Askew
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **53** years (Specify whether years, months or days)
In this community **53** years

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1020 Askew**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **10**
year **1941** hour **3** minute **A.M.**
21. I hereby certify that I attended the deceased from **Feb 27**
19**41** to **10**
that I last saw her alive on **Feb 27**, 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic Hypertension**
Due to _____
Due to **Senility**
Other conditions: _____
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations: _____
Of autopsy: _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME **Susan Abigail McCory**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **No**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Single**

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 11, 1857**
(Month) (Day) (Year)

8. AGE: Years **83** Months **7** Days **29** If less than one day hr. _____ min. _____

9. Birthplace **New Albany, Indiana**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business **Retired Furrier, Shukert's**

MOTHER FATHER
12. Name **John McCory**
13. Birthplace **New York**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy Cunningham**
15. Birthplace **New Albany, Indiana**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Berger**
(b) Address **1020 Askew**

17. (a) Burial (b) Date thereof **Mar. 12, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **E. H. Blackman & Son, Inc.**
(b) Address **Kansas City, Mo.**

19. (a) **3/12/41** (b) **M. M. Groom**
(Date received local registrar) (Registrar's signature)

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 **Chas H. Boyles** (M. D. or other) _____
Address **1125 E. Pine St. Bldg** Date signed **3-11-41**

48
2388
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. [unclear] [unclear]
Dr. [unclear]
Phy [unclear]

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 *[Handwritten Signature]*

Licensed Embalmer No. *2244*

P. O. Address.....

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.