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FILED MAY 16 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13676**
Registrar's No. **1657**

Registration District No. **399**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3227 Wayne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether)
In this community **28 Yrs.**
years, months or days

3. (a) PRINT FULL NAME **Mary Elizabeth DEW.**

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

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **December 18th, 1883**
(Month) (Day) (Year)

8. AGE: Years **57** Months **4** Days **7** If less than one day _____ hr. _____ min.

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

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Miles McGonigle**

13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

14. Maiden name **Eileen Eusknie.**

15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant **Kathryn Dew. (Daughter)**

(b) Address **3227 Wayne Ave.**

17. (a) **Burial** (b) Date thereof **4/28/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Melody McGilley.**

(b) Address **K. C. Mo.**

19. (a) **Apr 27, 1941** (b) **M. M. Cron**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL")
(d) Street No. **3227 Wayne Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **25**
year **1941** hour **1** minute **15** A.M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Paulo Pulmonary Edema**

Due to **Hypertensive Myocardial Infarction**

Due to **920**

Other conditions (Include pregnancy within 3 months of death) **920**

Major findings: Of operations _____

Of autopsy **Hypertensive Myocardial Infarction**

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 **Russell Brown** (M. D. or other) **3**
Address _____ Date signed _____

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

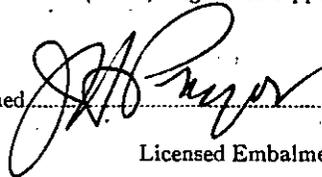
MOTHER FATHER

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. 269
working under my personal supervision.

Signed



Licensed Embalmer No. 2989

P. O. Address. KC

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.