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

FILED JUL 7 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 20738

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2268

**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: K.C.General Hospital No.1 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days (Specify whether years, months or days) In this community 2 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.: 1221 Cherry (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) If yes, name country

3. (a) PRINT FULL NAME: MYRTLE BUCK
3. (b) If veteran, name war: —
3. (c) Social Security No.: —
4. Sex: f
5. Color or race: w
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: unknown (Month) (Day) (Year)
8. AGE: Years 64 Months Days If less than one day hr. min.
9. Birthplace: unknown (City, town, or county) (State or foreign country) a
10. Usual occupation: Relief
11. Industry or business:
FATHER 12. Name: unknown
FATHER 13. Birthplace: unknown (City, town, or county) (State or foreign country) a
MOTHER 14. Maiden name: unknown
MOTHER 15. Birthplace: unknown (City, town, or county) (State or foreign country) a
16. (a) Informant: Mr. Sam Caston
(b) Address: K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Bethany Mo.
18. (a) Signature of funeral director: H. Feigenbaum & Son
(b) Address: K.C. Mo.
19. (a) 6/14 1941 (Date received local registrar) (b) W. M. Crom (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 13th year 1941 hour 10 minute 03 A.M. M.
21. I hereby certify that I attended the deceased from 5-25-41, 19__, to 6-13-41, 19__; that I last saw her alive on 6-13-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral stenosis with mural thrombus in left auricular appendage — Duration
Multiple cerebral emboli; Infarction of
Due to: spleen
Due to: 92 B
Other conditions (Include pregnancy within 3 months of death): 92 B
Major findings:
Of operations:
Of autopsy: See above

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: 0
23. Signature: Emery R. Thom (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. K. Ingerman

Licensed Embalmer No. 2744

P. O. Address A-C. Mo

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

**If this body is not embalmed, fact should be so stated above.**