

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

24085

State File No. _____

2624

Registration District No. 16 1941 95

Primary Registration District No. 1002

Registrar's No. _____

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

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 11 days
(Specify whether years, months or days)

In this community 64 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. 2801 - East 77th Street Terr.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME TERESA NORA LOUDEN

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. William Andrew Lowden

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

7. Birth date of deceased December 8 1876
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 7 3 .hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas Fitzmaurice

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

14. Maiden name Esther Andy

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

16. (a) Informant Mrs. Addelene Greer

(b) Address 2706 E. 77 Terrace

17. (a) Burial (b) Date thereof July 14, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-12-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

301 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th
year 1941 hour 7 minutes 30 A. M.

21. I hereby certify that I attended the deceased from 6-30-41 19____ to 7-11-41 19____;
that I last saw her alive on 7-11-41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetes mellitus with diabetic gangrene of left foot

Due to 61

Due to 61

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy None

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 Amey R. How (M. D. or other) D

Address Med. Dir. K.C. Gen. Hospital Date signed _____

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 George M. Collier

Licensed Embalmer No. 3839

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.