No. 2
-11-10-39
5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

24089

State File No. 2628

FILED AUG 16 1941

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

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: 306 West 39th Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community 84½ 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. 306 West 39th Terrace
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years

048 3 8

3. (a) PRINT FULL NAME Mary Duer

3. (b) If veteran, name war ---

3. (c) Social Security No. ---

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife John Duer

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

7. Birth date of deceased February 27, 1856 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
85	4	14	hr. min.

9. Birthplace Charleston, South Carolina (City, town, or county) (State or foreign country) 1

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER
12. Name James Tobin
13. Birthplace Ireland 4 (City, town, or county) (State or foreign country)
14. Maiden name Alice Kennedy
15. Birthplace Ireland 4 (City, town, or county) (State or foreign country)

16. (a) Informant Miss Mary C. Duer
(b) Address 306 West 39 Terrace

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/14/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Burk & Tobin Co.
(b) Address Kansas City, Mo.

19. (a) 7-13-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1941 hour 05 minute 20 A.M.

21. I hereby certify that I attended the deceased from July 3, 1941, to July 11, 1941, that I last saw her alive on July 10, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	8 days
Due to: Hypostatic Pneumonia	2 days
Due to:	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations: none	
Of autopsy: none	

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

23. Signature E. J. E. Evans (M. D. or other) M.D.
Address 911 Walnut Bldg Date signed July 12, 41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 4097

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.