

AN 24 1942

Registration District No. 399

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:
5331 Highland
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community Unknown / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary Ellen Herring
 3. (b) If veteran, name war Unk
 3. (c) Social Security No. Unk.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive -- years
 7. Birth date of deceased: Unknown
(Month) (Day) (Year)

8. AGE: Years 71 Months -- Days --
 If less than one day
 hr. min.

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Helen Herring
 (b) Address 4521 Olive

17. (a) Burial (b) Date thereof 12/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk & Fisher Co.
 (b) Address B. C. Ind.

19. (a) Dec 10-1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 048
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
 (d) Street No. 5331 Highland
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8
 year 1941 hour 5:50 minute P. M.
 21. I hereby certify that I attended the deceased from Dec 1
1941 to Dec 8 1941
 that I last saw her alive on Dec 8 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death
Pulmonary edema 2 days
Cerebral thrombosis (left) 1 week
 Due to arteriosclerosis
 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 _____

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)
 Means of injury _____
 23. Signature John T. Hennessey (M. D. or other) MD
 Address 17402 B... Date signed 12-11

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 John J. Couray, Registered Apprentice No. 307 working under my personal supervision.

Signed Charles M. Quirk
Licensed Embalmer No. 3634

P. O. Address.....

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

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