

L No. 2
4-12-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40951

State File No. _____

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 4629

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:
1314 Olive
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 In this community 28 Years / (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary M. Mikesell
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

4. Sex Female | 5. Color or race White
 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife William W. C. Mikesell
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 15, 1845
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>96</u>	<u>11</u>	<u>26</u>	_____ hr. _____ min.

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

10. Usual occupation House Wife

11. Industry or business At Home

MOTHER FATHER {
 12. Name George W. Craft
 13. Birthplace Penn.
(City, town, or county) (State or foreign country)
 14. Maiden name Rebecca Kelly
 15. Birthplace Penn.
(City, town, or county) (State or foreign country)

16. (a) Informant Pearle Mikesell
 (b) Address 1314 Olive

17. (a) Burial (b) Date thereof Dec. 13, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Mrs. C. L. Forster

(b) Address 918 Brooklyn

19. (a) Dec. 13 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 2
(If outside city or town limits, write "RURAL")
 (d) Street No. 1314 Olive (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 10 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 11 day
 year 1941 hour 10 minute _____ P. M.
 21. I hereby certify that I attended the deceased from March 30th
1938, to Dec. 11th, 1941;
 that I last saw him alive on Dec 11th, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chronic myocardial
arteriosclerosis -
 Due to Senility
 Due to Coronary Arteriosclerosis 1 day
Possible coronary arteriosclerosis
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy no
932
 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) no
 (b) Date of occurrence none
 (c) Where did injury occur? none
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
none

While at work? no (Specify type of place)
 (e) Means of injury none

23. Signature M. M. Crowe (M. D. or other) _____
 Address 805 Elmwood Date signed 12-12-41

1-2 pm

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 me

..... Registered Apprentice No.
working under my personal supervision.

Signed C. H. Wise

Licensed Embalmer No. 2570

P. O. Address Kansas City

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.