

FILED MAR 16, 1942

Registration District No. Primary Registration District No. **1002**

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: **Research Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: **1 day** (Specify whether years, months or days)
In this community: **1 Day**

3. (a) PRINT FULL NAME: **Mary Ann Towery**
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: **Single**
6. (b) Name of husband or wife: **--** 6. (c) Age of husband or wife if alive: **--** years

7. Birth date of deceased: **March 7 1942**
(Month) (Day) (Year)

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

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

10. Usual occupation: **None**
11. Industry or business: **Infant**
12. Name: **L. M. Towery**
13. Birthplace: **Prairie View Arkansas**
(City, town, or county) (State or foreign country)
14. Maiden name: **Mabel Chambers**
15. Birthplace: **Ottawa Kansas**
(City, town, or county) (State or foreign country)

16. (a) Informant: **L. M. Towery**
(b) Address: **Hoisington, Kansas**
17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof: **Mar. 9, 1942**
(Month) (Day) (Year)
(c) Place: burial or cremation: **Forest Hill Cem.**
18. (a) Signature of funeral director: **H. W. Newcomes**
(b) Address: **401 Brush Creek Blvd.**
19. (a) **3/9/42** (Date received local registrar) (b) **M. M. Crowe** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State: **Kansas** (b) County: **Barton 999**
(c) City or town: **Hoisington 14**
(If outside city or town limits, write "RURAL")
(d) Street No: **0** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country: **--**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **5**
year **1942** hour **1:10** minute **0** M.
21. I hereby certify that I attended the deceased from **3/7 4:45** to **3/8 4:45**
that I last saw her alive on **3/8 4:45**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cardiac dilatation Total obsolescence (partial)**
Due to: **Myelopl. visceral dilatation**
Due to: **Maternal death**

Other conditions: (Include pregnancy within 3 months of death)
Major findings: **61**
Of operations: **✓**
Of autopsy: **Cardiac dilatation**

Duration
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?
While at work? **✓** (Specify type of place)
(e) Means of injury:
23. Signature: **D. E. ...** (M. D. or other)
Address: **4800 E. W. ...** Date signed: **3/8/42**

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.....

C Hervey Quisenberry

Licensed Embalmer No.....

46070

P. O. Address.....

A 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.