V. S. No. 2
0M—9-4-41
Rev. 5-17-39
I X29484

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

13520

State File No.

FILED MAY 12 1942

Registration District No. 29

Primary Registration District No. 1002

Registrar's No. 1654

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days (Specify whether years, months or days)

In this community 51 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 217 West 34th 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS. NELLIE T ROACH

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife William J Roach

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

7. Birth date of deceased May 25 1872 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69 ~~70~~	11	1	hr. min.

9. Birthplace Wisconsin 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Daniel Lynch
13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Flynn
15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant John J Roach 1
(b) Address 217 West 34th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29 1942 (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Murk & Tobin Co
(b) Address 20 West Linwood

19. (a) 4-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 26th day April year 1942 hour 7 AM minute M.

21. I hereby certify that I attended the deceased from 4/1/42, 19, to 4/25/42, 19; that I last saw her alive on 4/25/42, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Heart Failure

Due to Carcinoma of Ovary & General Carcinomatosis of Peritoneum

Due to

Other conditions (1) Secondary Anemia (Include pregnancy within 3 months of death) (2) Ascites

Major findings: Of operations 49a

Of autopsy Abdominal Carcinomatosis — ovary as source

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? (Specify type of place)

While at work? ✓ (e) Means of injury ✓ 0

23. Signature Edward P. Heller (M. D. or Mod)

Address 1010 Professional Bldg. Date signed 4/26/42

361 (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.....

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, fact should be so stated above.