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

FILED JUN 6 1942

Registration District No. 377

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17022

Registrar's No. 2116

48
3
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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: 2614 E. 9th St., 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 16 Years
years, months or days)

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. 2614 E. 9th St., 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY KATHRINE JOINER

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe. 1

5. Color or race Wh.

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

6. (b) Name of husband or wife Willis H

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

7. Birth date of deceased May 29, 1851
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	0	0	hr. min.

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

10. Usual occupation Homemaker

11. Industry or business None

FATHER
12. Name Joseph Brown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Mary Hughes
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ida Sloan
(b) Address 2614 E. 9th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5/31/42 (Month) (Day) (Year)
(c) Place: burial or cremation Orrick, Mo

18. (a) Signature of funeral director C. H. BLACKMAN & SON, INC.
(b) Address Kansas City, Mo.

19. (a) May 30 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 29
year 1942 hour 2 minute 12 P.M.

21. I hereby certify that I attended the deceased from 31 to 5-29 1942
that I last saw her alive on 5-28 42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach — Duration Don't know

Due to 46B

Due to

Other conditions fracture R hip
(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 No
(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) D
While at work? (e) Means of injury

23. Signature Eugene C Black MD (M. D. or other)
Address 1228 Prof Bldg Kansas Date signed 5/30/42

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(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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. 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.