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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

State File No. 23353

FILED AUG 12 1942

Registration District No. 599 Primary Registration District No. 1002 Registrar's No. 2883

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3915 Cleveland (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Kansas (b) County Johnson 4

(c) City or town Mission, Ks. (If outside city or town limits, write "RURAL") 0

(d) Street No. 5500 Maple (If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME Martha Fannie Dye

3. (b) If veteran, name war no

3. (c) Social Security No. none.

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife John W.

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

7. Birth date of deceased Oct. (Month) 19 (Day) 1868 (Year)

8. AGE: Years 73 Months 9 Days 11 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business "

FATHER
12. Name Benjamin Beatty
13. Birthplace Not Known (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Not Known
15. Birthplace " " (City, town, or county) 9 (State or foreign country)

16. (a) Informant Clarence Dye

(b) Address Mission, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-1-42 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Ramsey Funeral Home

(b) Address Mission, Kansas

19. (a) 7-31-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month July day 30th year 1942 hour 1 pm. minute ..... M.

21. I hereby certify that I attended the deceased from July 29, 1942 to July 30, 1942 that I last saw her alive on July 30, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	2 days
Due to: Chronic intestinal nephritis	6 years
Due to: 131B	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 John R. Lewis (M.D. or other) M.D.

Address 3548 Indiana Ave. Date signed 7-31-42

(Licensed Embalmer's Statement on Reverse Side)

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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 J. C. Ramsey

Licensed Embalmer No. 4165

P. O. Address Wichita Kansas

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.