

FILED SEP 24 1942

State File No. ....

3366

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. ....

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: ST. JOSEPH HOSPITAL 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 32 Days  
(Specify whether  
In this community 30 YEARS  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County JACKSON  
(c) City or town KANSAS CITY  
(If outside city or town limits, write "RURAL")  
(d) Street No. 49 E. 32nd  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MARY-ETTA COLLIER  
(b) If veteran, name war No  
(c) Social Security No. No

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month SEPT. day 11  
year 1942 hour 2 minute 10 A.M.

4. Sex FEMALE 5. Color or race WHITE  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife THOMAS COLLIER  
6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased AUG 10 1881  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7/6 1942 to 9/11 1942  
that I last saw her alive on 9/11 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 61 Months 12 Days 1  
If less than one day hr. min.

Immediate cause of death Carcinomatosis  
Due to Adenocarcinoma of cervix uteri  
Duration less than a year

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

Other conditions 4/11  
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE  
11. Industry or business HOME

Major findings:  
Of operations —  
Of autopsy not done  
PHYSICIAN —  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
12. Name THOMAS J. O'SHAUGHNESSY  
13. Birthplace GALWAY IRELAND  
(City, town, or county) (State or foreign country)  
14. Maiden name CAROLINE EDELMANN  
15. Birthplace BOSTON MASS.  
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Collier  
(b) Address 49 E. 32nd St

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?

17. (a) Burial (b) Date thereof 9 14 42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

While at work? (Specify type of work).....  
(e) Means of injury.....

18. (a) Signature of funeral director George M. Collier  
(b) Address 1103 Warner St Independence Mo  
19. (a) 9/13/42 (b) M. B. Krone  
(Date received local registrar) (Registrar's signature)

23. Signature Thomas Collier (M. D. or other) 9/12/42  
Address 1103 Warner St Date signed 9/12/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

D.C.E. Virden  
Prof. Bldg.

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 *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address. *Independence 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.**