. No. 2
—5-42
5-17-39
I X32873

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

29387

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 3591

Registration District No. 149 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:
3541 Jefferson
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 3541 Jefferson 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Louise Edwards Deacon

3. (b) If veteran, name war No

3. (c) Social Security No. 486-26-8077

4. Sex Female

5. Color or race White

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

6. (b) Name of husband ~~or wife~~ Albert Scripps Deacon

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased Nov. 1, 1879
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
62	10	28	hr. min.

9. Birthplace Ogden (City, town, or county) Utah (State or foreign country)

10. Usual occupation Writer for Trade Magazines

11. Industry or business Investigator for Consumer Survey

FATHER
12. Name John M. Edwards
13. Birthplace (City, town, or county) England (State or foreign country)

MOTHER
14. Maiden name Mary Gillogly
15. Birthplace Buffalo (City, town, or county) New York (State or foreign country)

16. (a) Informant Albert W. E. Deacon
(b) Address Pittsburg, Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-42 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 9-30-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29
year 1942 hour 12 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept 5, 1942 to Sept 29, 1942
that I last saw her alive on Sept 23, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Heart Disease

Due to 93 D

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature George C. Lee (M.D. or other)
Address 1630 Prof Bldg Date signed 9/29/42

(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 Clarence H Childs

Licensed Embalmer No. 3473

P. O. Address Kc 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.