. S. No. 2
OM—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 16 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29521

Registration District No. 149   Primary Registration District No. 1002   Registrar's No. 3363

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 2 days
In this community 2 months (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3009 E. 7th
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Ula O. Niece

3. (b) If veteran, name war No
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marion Niece
6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased August (Month) 11 (Day) 1903 (Year)

8. AGE: Years	Months	Days	If less than one day
39	0	29	hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name J. D. Shafer
13. Birthplace (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Eva McFedrich
15. Birthplace (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Marion Niece
(b) Address 3009 E. 7th St.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-11-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Kirksville, Mo.
18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Mo.
19. (a) 9-11-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 10 year 1942 hour 9 minute 27 A.M.

21. I hereby certify that I attended the deceased from 9-8, 1942, to 9-10, 1942
that I last saw her alive on 9-9-, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Ascending Myelitis	6 days
Due to 821	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Negative findings	

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 W. M. Kuhn (M. D. or other) MD
Address 1408 Waldheim   Date signed 9-10-42

(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.....

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.