S. No. 2
I—9-4-41
. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 5 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

29599

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3566

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: 1231 West 75th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution at home (Specify whether
In this community 25 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. 1231 West 75th Street 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 7
If yes, name country ✓

3. (a) PRINT FULL NAME Mrs. Cornelia Frances Tooley
3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife C. Tooley
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased March (Month) 3 (Day) 1854 (Year)

8. AGE:

Years	Months	Days	If less than one day
88	6	25	hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home
11. Industry or business ✓
FATHER
12. Name James Lander
13. Birthplace Kentucky (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace Kentucky (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. W. A. Shackelford
(b) Address 1231 W. 75th K.C. Mo
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-30-42 (Month) (Day) (Year)
(c) Place: burial or cremation Clarksburg Mo.
18. (a) Signature of funeral director Stine and McClure
(b) Address 3235 Gillham Plaza K.C. Mo
19. (a) 9-28-42 (Date received local registrar) (b) M. McCrow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th year 1942 hour 2:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 18, 1942, to Sept 28, 1942; that I last saw her alive on Sept 27, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Due to Arteriosclerosis 93D
Arterial Hypertension
Due to Senility
Other conditions Undertreatment
(Include pregnancy within 3 months of death)
for Cardiac Decompensation
Major findings:
Of operations Since May 1942
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 Jane R. Ferris (M. D. or other) MD
Address 934 Keyes Bldg Kans. City Mo Date Sept 28 1942

(Licensed Embalmer's Statement on Reverse Side)

1-30
P.M.

Dr. Carl Farrio
Argyle 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 S. J. Allen

Licensed Embalmer No. 1415

P. O. Address K. P. 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.