

S. No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILLED JAN 30 1943
Registration District No. 149

Primary Registration District No. 100

Registrar's No. 278

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town K. C.

(c) Name of hospital or institution: 1833 Sister!
(If outside city or town limits, write "RURAL" and name of township)

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

In this community 24 YEARS 3 MO.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON ⁴⁸

(c) City or town KANSAS CITY ⁸
(If outside city or town limits, write "RURAL")

(d) Street No. 1833 Sister
(If rural, give location)

(e) If foreign born, how long in U. S. A. 4 years.

3. (a) PRINT FULL NAME ANN M. MARY Lee.

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 Widowed

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased Oct 14 1868
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 19
year 1943 hour 7 minute _____ M.

21. I hereby certify that I attended the deceased from Sept 1942 to Jan 19 1943
that I last saw her alive on Oct 15 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

74 43 5 hr. min.

Immediate cause of death Cancer of stomach ^{6 mo}
46B

Due to _____

Due to _____

Other conditions Senility
(Include pregnancy within 3 months of death)

9. Birthplace Oseola MISSOURIO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business _____

MOTHER FATHER

12. Name JOHN C. WELDRON

13. Birthplace Not known ⁹
(City, town, or county) (State or foreign country)

14. Maiden name ELENA GARLES.

15. Birthplace NOT KNOWN ⁹
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. V. W. Whitney
(b) Address 1833 Sister K. C. Mo.

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 (burial, cremation, or removal) (b) Date thereof 1-21-1943
(Month) (Day) (Year)

(c) Place: burial or cremation LOUISBOURG KANSAS

18. (a) Signature of funeral director Walter S. Sawyer
(b) Address Louisburg Kansas
Jan 19/43

While at work? _____ (Specify type of place)

(b) Means of injury _____

19. (a) Jan 19/43 (Data received local registrar) (b) M. M. Brown (Registrar's signature)

23. Signature Edwin H. Thayer (M. D. or other) _____
Address 1032 Priz Bldg. Date signed 1-19-43

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

Missouri, Ja. 9292

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 Walter B. Remyer

Licensed Embalmer No. 3222

P. O. Address Louisburg, 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, above space should be left blank.