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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5113

FILED FEB 27 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 703

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~~ 3 Months (Specify whether
In this community 58 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3

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

(d) Street No. 3329 Indiana Avenue
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country -- 0

3. (a) PRINT FULL NAME Mrs. Hattie Elizabeth Damico

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 Mr. Samuel S. Damico

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased May (Month) 18 (Day) 1881 (Year)

8. AGE: Years 61 ~~60~~ Months 8 Days 19 ~~20~~ If less than one day ___ hr. ___ min.

9. Birthplace St. Joseph (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ---

FATHER
12. Name George McLaughlin
13. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

MOTHER
14. Maiden name Mary Pauline Cook
15. Birthplace (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant Joe Damico
(b) Address 3329 Indiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 10, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 2-10-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th year 1943 hour 2 minute 20 P. M.

21. I hereby certify that I attended the deceased from Dec 24, 1942 to Feb 7, 1943 that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Funeral Conflagrations	1 hr
Due to: Carcinoma of Uterus	4 yrs
Due to: 48 B	
Other conditions: Secondary Anemia (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

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 Harry L. Jones (M. D. or other)

Address Kansas City, Mo. Date signed 2-9-43

(Licensed Embalmer's Statement on Reverse Side)

Bryant 43 Edg.

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 C. Hervey Quisenber

Licensed Embalmer No. 4070

P. O. Address K C 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.