. S. No. 2
00M—2-43
ev. 5-17-39
I X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17074

Registration District No. 149 Primary Registration District No. 1002. Registrar's No. 2166

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: K.C. General Hospital No. 1 D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos. & 28 days (Specify whether
In this community Over 35 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. 2605 Kensington 8
(If rural, give location) 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Margaret Neff

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 John H. Neff

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased December (Month) 10 (Day) 1890 (Year)

8. AGE: Years 52 Months 4 Days ~~29~~ 28 If less than one day hr. min.

9. Birthplace Winona (City, town, or county) Minnesota (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name James Hughes
13. Birthplace Dublin (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mamie La Fluer
15. Birthplace Toronto (City, town, or county) Canada (State or foreign country)

16. (a) Informant John H. Neff
(b) Address 2605 Kensington

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-11-43 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Mary's Cemetery

18. (a) Signature of funeral director J. F. Powell
(b) Address 3256 Broadway

19. (a) 5-10-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th year 1943 hour 9 minute 09 A. M.

21. I hereby certify that I attended the deceased from July 1939, 19 , to 5-8-43, 19 ; that I last saw her alive on 5-8-43, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of ovary	
Due to 49w	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Nonr

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 Wheeler R. Thorn (M. D. or other)
Address Med. Dir. K.C. General Hospital Date signed

(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 Paul J. Rowe

Licensed Embalmer No. 2347

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.