

S. No. 2  
FORM 2-21  
5-11-34  
X35897

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4483

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:  
3346 Prospect,  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution X  
In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson,  
(c) City or town Kansas City,  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3346 Prospect  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Mrs. Olive E. Follett

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 William B. Follett 6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased February 1 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 8 20 hr. min.

9. Birthplace New York  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Charles M. Smith,  
13. Birthplace New York,  
14. Maiden name Sarah Hoyzen  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Lula E. Smith,

(b) Address 3346 Prospect, Kansas City, Mo.

17. (a) Removal (b) Date thereof 10-26-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burlingame, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 10-22-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21st  
year 1943 hour 11:45 minute P. M.

21. I hereby certify that I attended the deceased from 3/17 to 10/21, 1943  
that I last saw her alive on 10/19, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis Duration 6 mos

Due to Carcinomatosis of Left Breast 50 5 yrs

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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?

White at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature N. E. Brown (M. D. or other) \_\_\_\_\_  
Address 1103 Grand Date signed 10/25/43

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

Dr. C. Edgar Virden, Prof Bldg., Ha 2202

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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..... *E. M. Plunk* .....

Licensed Embalmer No.....

P. O. Address *3235 Gillham* .....

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.

*H. P. 2202*