S. No. 2
M—2-43
5-17-39
I X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

37465

State File No. 4843

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

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: Menorah Hospital, 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks (Specify whether
In this community 70 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") 8

(d) Street No. 209 West 16th Street,
(If rural, give location)

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

If yes, name country x 0

3. (a) PRINT FULL NAME Mrs. Lois Preston,

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 Married

6. (b) Name of husband or wife William W. Preston

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased October (Month) 24 (Day) 1870 (Year)

8. AGE: Years 73 ~~72~~ Months ~~12~~ 0 Days 20 If less than one day hr. min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation at home,

11. Industry or business no.

FATHER
12. Name T. P. Smith,
13. Birthplace England, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ann Roe
15. Birthplace England 4 (City, town, or county) (State or foreign country)

16. (a) Informant William W. Preston,
(b) Address 209 W. 16th St., Kansas City, Mo.

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

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-16-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 14th year 1943 hour 6:00 minute a. M.

21. I hereby certify that I attended the deceased from Nov. 1, 1943 to Nov. 14, 1943 that I last saw her alive on Nov. 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	years
Due to Carcinoma of Stomach	months
Due to 46b	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations Obstructing Prepyloric gastric Carcinoma 11.5.43

Of autopsy

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 C. Lapp (M. D. or other) M.D.

Address 1103 Grand Date signed 11-15-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Harry Lapp Proff Bldg at Noon

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. Plank

Licensed Embalmer No. 1848

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.