

S. No. 2
 DM-243
 S-17-39
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 3752
 Registrar's No. 4640

FILED NOV 19 1943
 Registration District No. 199

Primary Registration District No. 1062

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

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:
3020 Linwood Blvd. - 3rd Floor
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 47 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. 3020 Linwood Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country -----

3. (a) PRINT FULL NAME Miss Irma Suydam
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month October day 29th
 year 1943 hour 9 minute 40 A. M.
 21. I hereby certify that I attended the deceased from 6/9/43
 that I last saw her alive on Oct 29
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced, Single
 6. (b) Name of husband or wife -----
 6. (c) Age of husband or wife if alive ----- years
 7. Birth date of deceased: September 25 1896
(Month) (Day) (Year)

Immediate cause of death
Chronic myocarditis
 Due to Cancer of Liver
 Due to Focal Embolism of Kidney
 Other conditions: 46f
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>1</u>	<u>4</u>	hr. min.

Major findings:
 Of operations -----
 Of autopsy -----
 PHYSICIAN -----
Underline the cause to which death should be charged statistically.

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation At Home

11. Industry or business -----
 12. Name Alfred E. Suydam
 13. Birthplace Fairview Illinois
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Coleman
 15. Birthplace Cameron New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mabel M. Curry
 (b) Address 3020 Linwood Blvd.
 17. (a) Burial (b) Date thereof Nov 2, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial of cremation Mt. Moriah Cemetery

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?
 While at work? ----- (Specify type of place) (e) Means of injury -----
 23. Signature [Signature] (M. D. or other) DO
 Address 2722 [Address] Date signed 10/29/43

18. (a) Signature of funeral director D. W. Newcomer Iowa
 (b) Address 1401 Brush Creek Blvd.
 19. (a) 11-1-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

*Denise Clinic
2722 Prospect*

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.....

K. C. Newcomer Jr

Licensed Embalmer No. *4043*

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.