. No. 2
M—2-43
5-17-39
I X35637

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. 43-MO

FILED JAN 5 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5419

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas city Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: North East Hosp O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or Institution 9 Days (Specify whether
In this community 9 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Clay 24
(c) City or town Kearney Mo. 0
(If outside city or town limits, write "RURAL")
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country /

3. (a) PRINT FULL NAME Lena V. Maret
3. (b) If veteran, name war
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 Alva Maret
6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased Sept (Month) 15 (Day) 1879 (Year)
8. AGE: Years 64 Months 3 Days 5 If less than one day hr. min.
9. Birthplace Clay Co (City, town, or county) Mo 0 (State or foreign country)
10. Usual occupation House wife
11. Industry or business ✓
MOTHER FATHER
12. Name Loten Maret
13. Birthplace Clay co (City, town, or county) Mo 0 (State or foreign country)
14. Maiden name Mollie Minter
15. Birthplace Clay co (City, town, or county) Mo 0 (State or foreign country)
16. (a) Informant Alva Maret
(b) Address Kearney Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-22-43 (Month) (Day) (Year)
(c) Place: burial or cremation Kearney Mt Olivet
18. (a) Signature of funeral director Leonard Fry
(b) Address Kearney Mo
19. (a) 12-20-43 (Date received local registrar) (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 20 year 43 hour 3 minute 30 M.
21. I hereby certify that I attended the deceased from 12/10/43, 19..., to 12/20/43, 19...; that I last saw h... alive on 12/20/43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration 30 min

Due to Post-Operative - Surgery 12/13/43 for Carcinoma of Breast

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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) No
(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 Olof Coleman (M.D. or other)
Address 6042 E 15 St Date signed 12/20/43

(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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.