

FILED FEB 10 1944
1949

State File No. 307

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:
512 GLADSTONE BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 7 MONTHS
years, months or days)

3. (a) PRINT FULL NAME MRS MARY T. PILCHER
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 WIDOWED
6. (b) Name of husband or wife MR. unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 1 1868
(Month) (Day) (Year)

8. AGE: Years 75 Months 7 Days 18
If less than one day _____ hr. _____ min.

9. Birthplace PORT JERVIS NEW JERSEY
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name GEORGE BONNER
13. Birthplace NEW YORK
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET TITSWORTH
15. Birthplace NEW YORK
(City, town, or county) (State or foreign country)

16. (a) Informant MRS SWAN M DONALD
(b) Address 512 GLADSTONE BLVD.

17. (a) REMOVAL (b) Date thereof JAN 19 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOBERLY MISSOURI

18. (a) Signature of funeral director J. H. Newman's Sons

(b) Address 1401 BRUSH CREEK BLVD

19. (a) JAN 19 1944 (b) J. C. Brown
(Date received local registrar) (Registrar's signature)

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. 512 GLADSTONE BLVD.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 19TH
year 1944 hour 7 minute A. M.

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

Immediate cause of death Acute Coronary Occlusion
(Thrombosis)
Due to Coronary Sclerosis yrs.
Due to Sev. Arteriosclerosis yrs.
Other conditions (Include pregnancy within 3 months of death) _____

Duration

6 hrs.

PHYSICIAN

Major findings:
Of operations a/w
Of autopsy _____

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature Jesse G. Grogan (M. D. or other) M.D.
Address 1103 Grand Date signed 1-19-44

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 *H. C. Neuromerger*
Licensed Embalmer No. *40430*
P. O. Address *R. 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.