S. No. 2
M—8-43
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I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 6207

Registration District No. FILED MAR 9 1944 Primary Registration District No. 1002 Registrar's No. 983

**1. PLACE OF DEATH:**
(a) County Jackson
(b) City or town Kansas (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution less than 2 hrs. (Specify whether years, months or days) In this community 40 Years

**2. USUAL RESIDENCE OF DECEASED:** 48
(a) State Mo (b) County Jackson 3
(c) City or town Kansas City Mo (If outside city or town limits, write "RURAL") 8
(d) Street No. 811 East 12th St (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EEvelyn McMahon
3. (b) If veteran, name war None
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 F unk.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. (Month) 24 (Day) 1884 (Year)
8. AGE: Years 59 Months 3 Days 4 If less than one day hr. min.
9. Birthplace Mo. (City, town, or county) (State or foreign country) 0
10. Usual occupation House Keeper
11. Industry or business
MOTHER FATHER
12. Name John Norton
13. Birthplace Mo. (City, town, or county) (State or foreign country) 0
MOTHER
14. Maiden name Lizia Jane Munson
15. Birthplace Mo. (City, town, or county) (State or foreign country) 0
16. (a) Informant Mrs Lorrane Laird
(b) Address 811 East 12th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 2 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director Passantino Bros
(b) Address Kansas City Mo
19. (a) 3-1-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 28 year 1944 hour 1 minute 20 p.m.
21. I hereby certify that I attended the deceased from December 22nd, 1943 to January 4, 1944; that I last saw her alive on, 19; and that death occurred on the date and hour stated above.

| Immediate cause of death Cerebral Hemorrhage | Duration |
|---|---|
| Due to | |
| Due to | |
| Other conditions Paralysis of Rt. side (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy 83 at

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 Dr. Kyle (M. D. or other)
Address 925 Angle Bldg Kcmo Date signed 2-29-44

(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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address Kansas City 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.**