S. No. 2
0M—2-43
v. 5-17-39
-1 X35897

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13935

Registration District No. 199

Primary Registration District No. 1602

Registrar's No. 1769

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:
K.C.General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 hours (Specify whether years, months or days)
In this community 26 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. Tanner Hotel 917 Locust St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Miss Mary Witmer
3. (b) If veteran, name war No
3. (c) Social Security No.
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 Oct. 12, 1886 (Month) (Day) (Year)

8. AGE: Years 57 Months 6 Days 7 If less than one day hr. min.

9. Birthplace No record (City, town, or county) 9 (State or foreign country)
10. Usual occupation Credit Clerk
11. Industry or business Kansas City Gas Co.
FATHER
12. Name No record
13. Birthplace no record (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name no record
15. Birthplace no record (City, town, or county) 9 (State or foreign country)
16. (a) Informant John M.Quinn
(b) Address Kansas City Gas Co. 9th & Grand Ave.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof April 21, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Scharfferstown, Penn.
18. (a) Signature of funeral director Thos.E.Quirk Funeral Home
(b) Address 4315 Troost Ave.
19. (a) 4-21-44 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19th.
year 1944 hour 6.20 P.M. minute M.
21. I hereby certify that I attended the deceased from 19; that I last saw h alive 19; and that death occurred on the date and hour stated above.
Deputy Coroner

Immediate cause of death — Duration
Pneumococcic
Due to
Meningitis
Due to
Type 3.
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy See Above

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 Albert E. Walker M.D. (M. D. or other)
Address 22 N. Clay Date signed 4/21/44

(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.....

Licensed Embalmer No.....

P. O. Address.....

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.