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K37823

FILED JUN 3 1944

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2210

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 1008 Charlotte
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 years
In this community 20 years
years, months or days (Specify whether)

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. 1008 Charlotte
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY DOWGLAS

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 18 - 44
year _____ hour 12 45 minute P M.

4. Sex Female 5. Color or race col.

6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: _____
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 1-1-1944 to 5/18, 1944,
that I last saw her alive on 5/17, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myo Carditis
Duration months

8. AGE: Years Apparently 52 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: house wife

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Citizen Boyles

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Laura

15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Edward Simpson

(b) Address 1719 Woodland

17. (a) Burial (b) Date thereof 5-22-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director H.B. Moore

(b) Address 1820 E. 18th St.

19. (a) 5-22-44 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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 D. N. Russell (M. D. or other) _____
Address 3231 E. 16th St. Date signed 5/20/44

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

Dr Russell 3011 E 1st Ave

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.....

AB Moore

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18

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.