No. 2
-5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

20841

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2603

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Died at the Home 3231 E. 11th
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3231 East 11th. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME Mrs .Margaret Teresa RUSSEL

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 Married

6. (b) Name of husband or wife D-R.

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June (Month) 22 (Day) 1887 (Year)

8. AGE: Years 56 Months 11 Days 28 If less than one day ..... hr. ..... min.

9. Birthplace Montreal, Canada (City, town, or county) 2 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Housewife

FATHER
12. Name Daniel Fogarty
13. Birthplace Canada (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name Mary Quinn
15. Birthplace Canada (City, town, or county) 2 (State or foreign country)

16. (a) Informant Mr. Russel (Dr.) D.R.
(b) Address 3231 E. 11

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 22 '44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem.

18. (a) Signature of funeral director Mellody McGilley
(b) Address Linwood at Euclid

19. (a) 6-20-44 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 20 year 1944 hour 6:20 minute A M.

21. I hereby certify that I attended the deceased from Dec 13, 1943 to June 20, 1944 that I last saw her alive on June 19-44, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Bronchio-Pneumonia	2 days
Due to Cerebral Hemorrhage	1 mo
Due to 83a	
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)
(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 W R Foster (M. D. or other)
Address 1329 Foster Date signed 6-20-44

(Licensed Embalmer's Statement on Reverse Side)

1529 Yates

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. 2999

P. O. Address..... 15 C

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.