No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20921

Registration District No. JUN 22 1949

Primary Registration District No. 1002

Registrar's No. 2414

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: Selby Convalescent Home 504 Benton Blvd. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo. (Specify whether In this community lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 504 Benton Blvd. (If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Miss Mary Harriet Veatch (Marie Veatch)

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 Single

6. (b) Name of husband or wife

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

7. Birth date of deceased 1893 (Month) (Day) (Year)

8. AGE: Years 51 | Months | Days | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name George Veatch
13. Birthplace unk (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary E. Thompson
15. Birthplace Pittston, Penn. (City, town, or county) (State or foreign country)

16. (a) Informant Mary E. Veatch

(b) Address 504 Benton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Thos. E. Quirk Funeral Home

(b) Address K. C. Mo

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

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1944 hour 11.55 P.M. minute M.

21. I hereby certify that I attended the deceased from 2/17/44 to 6/3/44, 19__, to 6/3/44, 19__; that I last saw her alive on 6/3/44, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Spastic paraplegia

Due to

Due to 82:1

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Clinical

Duration

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 O. Hatch (M. Doctor) 6/6/44

Address 1109 Pol Bldg Date signed

(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 Thomas E. Lunk

Licensed Embalmer No. 3775

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.