

FILED SEP 22 1944
109

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3604

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 3322 Charlott 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 42
(If outside city or town limits, write "RURAL")
(d) Street No. 3322 Charlott 3
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 17

3. (a) PRINT FULL NAME

Mrs. Mary M Sechrist

3. (b) If veteran, name war. ✓ no

3. (c) Social Security No. none

4. Sex female 5. Color or race W 6. (a) Single, widowed, married, divorced, widow
6. (b) Name of husband or wife unk. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan 30 1865 (Month) (Day) (Year)

8. AGE: Years 19 Months 87 Days 2 If less than one day hr. min.

9. Birthplace Penn (City, town, or county) (State or foreign country) 1

10. Usual occupation at home

11. Industry or business Seamer

12. Name William J. Smith

13. Birthplace Penn (City, town, or county) (State or foreign country) 1

14. Maiden name Cynthia Smith
15. Birthplace Penn (City, town, or county) (State or foreign country) 1

16. (a) Informant Rev. Frank Sechrist
(b) Address 3322 Charlott

17. (a) Removal (b) Date thereof 9/5/44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New Freedom Pl.

18. (a) Signature of funeral director Snow-Mayberry
(b) Address

19. (a) 9-5-44 (b) N. E. Brown (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1944 hour minute M.

21. I hereby certify that I attended the deceased from Aug 15 1944 to Aug 30 1944

that I last saw him alive on Aug 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of lining with widespread metastasis

Due to

Due to 480

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

Major findings: Of operations

Of autopsy

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) (c) Means of injury

23. Signature J. H. Harshe (M. D. or other M.D.)
Address Plaza Med. Bldg K.C. Mo. Date signed Sept 15 1944

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Hamalris -

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..... *Ray E Snow*.....

Licensed Embalmer No. *2560*.....

P. O. Address..... *RQ ms*.....

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.