

V. S. No. 2
00M-5-43
Rev. 5-17-39
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30332

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 2 1944

Registration District No. 2

Primary Registration District No. 1002

Registrar's No. 3777

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

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:
7015 South Benton /
(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) 8 years (Specify whether

3. (a) PRINT FULL NAME Mrs. Maritta Symmes

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Sherman Symmes

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

7. Birth date of deceased May 19th 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

73	3	29	hr. min.
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9. Birthplace Wright County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business _____

12. Name Jacob Matney

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

14. Maiden name Margaret Ripee

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

16. (a) Informant Mrs. Joseph M. Clark

(b) Address 7015 South Benton

17. (a) Removal (b) Date thereof 9-18-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Iola, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 9-18-44 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 7015 South Benton
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 18th
year 1944 hour 8 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug. 12, 1944 to Sept. 18, 1944
that I last saw her alive on Sept. 17, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 yrs

Due to _____

Due to 93d.

Other conditions Terminal Broncho-Pneumonia 4 days
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

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 Levineth G. Davis (M. D. or other) M.D.
Address 20 1/2 Plaza Theater Bldg Date signed 9-18-44

(Licensed Embalmer's Statement on Reverse Side) Kansas City - Mo.

MOTHER FATHER

Dr. Kenneth Davis
3228 Euclid

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 Elmer C. Redlin

Licensed Embalmer No. 3495

P. O. Address Kansas City, 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.