

S. No. 2
DOM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40396

FILED DEC 22 1944
Registration District No. 179

Primary Registration District No. 1002

Registrar's No. 4919

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: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Weeks
40 years (Specify whether
In this community Veronica Underwood
years, months or days)

3. (a) PRINT FULL NAME Veronica Underwood

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Female 5. Color or race wh 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife O.B. Underwood (Deceased) 6. (c) Age of husband or wife if alive 4 years

7. Birth date of deceased March 28th 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 8 6 hr. min.

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

10. Usual occupation Home

11. Industry or business

12. Name J.M. McCutchen

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

14. Maiden name Unknown

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

16. (a) Informant Roy M. Boice

(b) Address 815 S Elmwood

17. (a) Burial (b) Date thereof 12th 6th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address Kansas City Missouri

19. (a) Dec 5, 1944 (b) J 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
(If outside city or town limits, write "RURAL")
(d) Street No. 815 S Elmwood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1944 hour 7:15 minute 7:15 M.

21. I hereby certify that I attended the deceased from June 19
1944 to Dec 4 1944
that I last saw her alive on Dec 3 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Caecoma of liver and lung
Due to adenoid carcinoma breast

Due to 50

Other conditions (Include pregnancy within 3 months of death)

Major findings: Caecoma breast (1937)
Of operations
Of autopsy

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

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 Hubert Walcott (M. D. or other)

Address 1103 Grand Ave Date signed 12/4/44

(Licensed Embalmer's Statement on Reverse Side)

Kansas City Mo

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 E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd.

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.