

S. No. 2  
M-543  
7. 5-17-39  
P I X36671

**FILED MAR 7 1945**  
199

State File No. ....  
Registrar's No. **885**

Registration District No. .... Primary Registration District No. **1003** .....

**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:  
**General Hospital #2** **D**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **2-9-45-2-14-45**  
(Specify whether years, months or days)  
 In this community **45 Years**

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State **Missouri** (b) County **Jackson**  
 (c) City or town **Kansas City** **48**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1806 E. 16th St.** **3**  
(If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No) **8**  
 If yes, name country **O**

**3. (a) PRINT FULL NAME** **Mary Houston**

**3. (b) If veteran,** name war **no** **3. (c) Social Security** No. **none**

**4. Sex** **Female** **5. Color or race** **Negro** **6. (a) Single, widowed, married, divorced** **Widowed**

**6. (b) Name of husband or wife** **unknown** **6. (c) Age of husband or wife if alive** **4** **1865**

**7. Birth date of deceased** **August** **4** **1865**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	79	6	10	

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

**10. Usual occupation** **None**

**11. Industry or business**

**12. Name** **Henry Gosberry**

**13. Birthplace** **Booneville** **Missouri**  
(City, town, or county) (State or foreign country)

**14. Maiden name** **unknown**

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

**16. (a) Informant** **Record Clerk**

**(b) Address** **General Hospital #2**

**17. (a) Burial, cremation, or removal** **Burial** **(b) Date thereof** **2-20-1945**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Highland Cemetery**

**18. (a) Signature of funeral director** **Brady-Brown**  
**(b) Address** **1708 1/2 Race**

**19. (a) 2-23-45** **(b) M. E. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **February** day **14**  
 year **1945** hour **4:35** minute **P** M.

**21. I hereby certify that I attended the deceased from** **February 9** **1945** **to** **February 14** **1945**  
**that I last saw her alive on** **February 9** **1945**  
**and that death occurred on the date and hour stated above.**

**Immediate cause of death** **Cerebrovascular accident** **Duration**

**Due to** **Congestive heart failure**

**Due to**

**Other conditions** **83a**  
(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?**

**While at work?** **Yes** **(Specify means of injury)**

**23. Signature** **M. E. Brown** **(M. D. or other)**  
**Address** **Gen. Hosp. #2, 604 E 22** **Date signed**

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

**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

working under my personal supervision.

Registered Apprentice No.

Signed

Licensed Embalmer No.

P. O. Address

**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.**