. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5870

Registration District No. 72 — Primary Registration District No. 5289 — Registrar's No. 9

1. PLACE OF DEATH:

(a) County Clay
(b) City or town North Kansas City-Mo Rural (If outside city or town limits, write "RURAL" and name of township) Tallahassee Twp
(c) Name of hospital or institution: home (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Clay 24
(c) City or town R. 10 North Kansas City Mo (If outside city or town limits, write "RURAL")
(d) Street No. Rural (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ROBERT-LOU-HEY

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

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

6. (b) Name of husband or wife Glenn Hey 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Oct (Month) 6 (Day) 1901 (Year)

8. AGE: Years 43 Months 3 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife

11. Industry or business

FATHER
12. Name Robert C Black
13. Birthplace Mo (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary L. Cravens
15. Birthplace Mo (City, town, or county) (State or foreign country)

16. (a) Informant Glenn Hey
(b) Address R. 10 No Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb (Month) 6 (Day) 1945 (Year)
(c) Place: burial or cremation Liberty Mo

18. (a) Signature of funeral director Morton Funeral home
(b) Address North Kansas City Mo

19. (a) Feb 9-1945 (Date received local registrar) (b) Ruth N Henry (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Feb day 1 year 1945 hour 2 minute 25 a M.

21. I hereby certify that I attended the deceased from 9-8-44 ....., 19..., to deceased, 19...; that I last saw her alive on 1-18-45, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix — Duration ?

Due to .....

Due to .....

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

Major findings:
Of operations .....
Of autopsy .....

48 N

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 R H Abrenham M.D. (M. D. or other)
Address North KC, Mo Date signed 2/2/45

1021

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 2-26-45

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 John S Morton

Licensed Embalmer No. 4349

P. O. Address No 11 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.