

FILED MAY 23 1945

Registration District No. **189**

Primary Registration District No. **1002**

Registrar's No. **2006**

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: **St Mary's**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **3 weeks**
(Specify whether years, months or days)

In this community **3 weeks**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**

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

(d) Street No. **3201 Tauromee**
(If rural, give location)

(e) Citizen of foreign country? **9** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Maude May Morse**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **none**

4. Sex **female** / 5. Color or race **white** / 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Roy** / 6. (c) Age of husband or wife if alive **58** years

7. Birth date of deceased **9-12-1886**
(Month) (Day) (Year)

8. AGE: Years **58** Months **7** Days **22** If less than one day **hr. min.**

9. Birthplace **Chataqua Co., Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

12. Name **John Mc Glasson**

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

14. Maiden name **Sarah Sprague**

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

16. (a) Informant **Roy Morse**

(b) Address **3201 Tauromee K.C.M.**

17. (a) **Removal** (b) Date thereof **5/7/45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Hope K.C.K.**

18. (a) Signature of funeral director **Geo. W. Long**

(b) Address **Kansas City, Mo.**

19. (a) **5-7-45** (b) **Seraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **5/4/45** day **12** hour **Mid-nite** minute **0** M.

21. I hereby certify that I attended the deceased from **Pathologist** 19. ;
that I last saw him **alive on** 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death **Primary carcinoma of the left kidney with generalized metastasis.**

Due to **the left kidney with**

Due to **generalized metastasis.**

Other conditions **520**

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **See Above**

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) (Specify means of injury)

23. Signature **A. E. Walker** (M. D.)
Address **2800 Main** Date **5/7/45**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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..... *Louis A. Long*

Licensed Embalmer No..... *3417*

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.