S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

FILED JUL 30 1945

State File No. 23132

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3034

**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: 3240 Norledge, Convalescent Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 12-15-44 (Specify whether
In this community unknown
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5035 Troost, 8
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 0

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Mary Jane Pack

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 unk 9

6. (b) Name of husband or wife

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years 88 | Months | Days | If less than one day hr. min.

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

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name
13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant O. J. Pack

(b) Address 5035 Troost, Kansas City, Mo.

17. (a) removal (b) Date thereof 7-22-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edgerton, Missouri

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-20-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 20
year 1945 hour 8:50 minute A M.

21. I hereby certify that I attended the deceased from July 2, 1945 to July 20, 1945
that I last saw her alive on July 19, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage

Due to hypertension

Due to

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

Major findings:
Of operations 8 30

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

(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 Charles Kimmler (or other) D.O.
Address 2717 Rochester, K.C. Date signed 7-20-45

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(Licensed Embalmer's Statement on Reverse Side)

Dr. Helen M. Henry. D. O.
Ge 2 B65

## 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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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.**