

7. S. No. 2
DOM-5-43
ev. 5-17-39
X36671

FILED NOV 14 1945

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10-18-45-11-2-45
(Specify whether years, months or days)
In this community 2 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis
(c) City or town Sedalia
(If outside city or town limits, write "RURAL")
(d) Street No. 2219 E. Broadway
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country No.

3. (a) PRINT FULL NAME

Mary Hearry

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 Widow

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive 1854 years

7. Birth date of deceased September 29 1945
(Month) (Day) (Year)

8. AGE: Years 87 Months 1 Days 3
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Housewife

12. Name Horden Soufley

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 Mrs. Sarah Sizemore

(b) Address 6525 East 31st

17. (a) Burial (b) Date thereof Nov 5 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

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

(b) Address Linwood & Olive

19. (a) 11-3-45 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov., day 2
year 1945 hour 10 minute 20 P. M.

21. I hereby certify that I attended the deceased from Oct. 18 1945 to Nov. 2 1945
that I last saw her alive on November 2 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia and coronary arteriosclerosis with fibrosis

Due to

Due to

Other conditions 94a
(Include pregnancy within 5 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?

(Specify type of place) While at work? (e) Means of injury

23. Signature Clark W. Seely (M. D. or other)

Address Gen. Hosp. #1 Date signed

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

48
3
8

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 Chas E Wilks

Licensed Embalmer No. 2644

P. O. Address Hanna City 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.