

**FILED OCT 29 1945**  
149

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

**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:  
2207 Troost /  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. 4 years (Specify whether years, months or days)  
 In this community \_\_\_\_\_

**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. 2207 Troost **8**  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Fannie Mallory  
 3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex Fe 3 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased April 2, 1864  
(Month) (Day) (Year)

8. AGE: Years 81 Months 6 Days 9  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 { 12. Name Johnson Dysart  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
 14. Maiden name Mary Jane Carson  
 15. Birthplace Ky.  
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Bryson  
 (b) Address 2207 Troost

17. (a) removal (b) Date thereof 10/15/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Atchison, Kansas

18. (a) Signature of funeral director Hatkins Bros.  
 (b) Address 1729 Lydia

19. (a) 10-15-45 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month October day 11th  
 year 1945 hour 4:15 minute \_\_\_\_\_ P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 6, 1945, to Oct 11, 1945, that I last saw him alive on Oct 11, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 107  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

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, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature P.M. Quinn (M. D. or other)  
 Address 1401 5th Blvd Date signed 10-15-45

Duration 5 days  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

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

*Jerome Manlove*  
.....  
Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

**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.**