S. No. 2
M—5-43
7. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 23 1945

State File No. 33925

Registration District No. 176 Primary Registration District No. 5568 Registrar's No. 251

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Blue Twp
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
803 Crane Street
(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 Missouri (b) County Jackson 48

(c) City or town Rural Blue 0
(If outside city or town limits, write "RURAL")

(d) Street No. 803 Crane Street 0
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME MARY GERTRUDE MCVEY

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 Reuben J. McVey

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased January 1, 1884
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
61	8	10	hr. min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name James M. Walker
13. Birthplace Ohio
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine M. Dunseth
15. Birthplace Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Reuben J. McVey
(b) Address Independence, Missouri

17. (a) Burial (b) Date thereof 9/13/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mound Grove Cemetery

18. (a) Signature of funeral director Roland P. Speaks
(b) Address Independence, Missouri.

19. (a) 9-13-45 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

1163

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sep't. day 11
year 1945. hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from Sept 5, 1945, to Sept 11, 1945; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: pneumonia	48 hours
Due to: pulmonary thrombosis	48 hours
Due to: metastatic Carcinoma uterus and rectum	
Other conditions: (Include pregnancy within 3 months of death)	

Major findings:
Of operations metastasis throughout abdomen
Of autopsy

948b

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 2

23. Signature M. L. Whetstone, D.O. (M.D. or other) D.O.
Address Independence, Mo. Date signed 9-11-45

(Licensed Embalmer's Statement on Reverse Side)

OCT 31 1945

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 Roland B. Peake

Licensed Embalmer No. 3604

P. O. Address Indep. 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.