S. No. 2
OM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 21 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40185

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5023

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: 3231 Prospect 4 Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 months (Specify whether
In this community 47 years
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. 824 Ewing 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARGARET M. McPHERSON

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fe. 1

5. Color or race Wh.

6. (a) Single, widowed, married, divorced Widowed 1

6. (b) Name of husband or wife Henry C.

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

7. Birth date of deceased August 23, 1855 (Month) (Day) (Year)

8. AGE: Years 90 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Trimbell (City, town, or county) Wisconsin 1 (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business Retired

FATHER
12. Name Joseph Cornelison
13. Birthplace (City, town, or county) Pa. 1 (State or foreign country)

MOTHER
14. Maiden name Mary Carlot Mary Carlot
15. Birthplace (City, town, or county) Pa. 1 (State or foreign country)

16. (a) Informant Mrs. John Dobson
(b) Address 824 Ewing

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/7/45 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
(b) Address Kansas City, Mo.

19. (a) 12-6-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 5-45
year hour minute M.

21. I hereby certify that I attended the deceased from Nov 22, 1945 to Dec 5, 1945
that I last saw her alive on Dec 5, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	3 days
Due to Pneumonia Lobar	10 days
Due to Old age	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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 0

23. Signature R L St Clair (M. D. or other)
Address 5242 St John Date signed 12/6/45

861 (Licensed Embalmer's Statement on Reverse Side)

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 H D Blackman

Licensed Embalmer No. 3639

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.