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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40298

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5088

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

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: St. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since Sept., 1945 (Specify whether
In this community as above
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ~~Missouri~~ Kansas (b) County 999

(c) City or town ~~Kansas~~ Williamsburg 14
(If outside city or town limits, write "RURAL")

(d) Street No. Williamsburg 00
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Margaret Topping

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 7

6. (b) Name of husband or wife Hudson B. Topping,

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

7. Birth date of deceased Sept (Month) unknown (Day) 1860 (Year)

8. AGE: Years about 85 | Months 3 | Days | If less than one day hr. min.

9. Birthplace unknown (City, town, or county) 4 (State or foreign country)

10. Usual occupation at home,

11. Industry or business x

FATHER
12. Name Robert Atkinson,
13. Birthplace Canada (City, town, or county) 2 (State or foreign country)

MOTHER
14. Maiden name Margaret Northrupp
15. Birthplace New Jersey (City, town, or county) 1 (State or foreign country)

16. (a) Informant Mrs. George W. Tourtellot
(b) Address 1712 W. 49th St., Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 12-7-45 (Month) (Day) (Year)
(c) Place: burial or cremation Ottawa, Kansas

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 7th year 1945 hour 9:00 minute P. M.

21. I hereby certify that I attended the deceased from ✓ 19 , to Dec 7, 1945 that I last saw her alive on Dec 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Pancreas	13 mos
Cerebral Arteriosclerosis	5 mos
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 468	

Major findings:
Of operations
Of autopsy Same as above

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 L. P. Engel (M. D. or other) M.D.
Address Plaza Med Bldg Date signed 12-8-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Engle
Stat Lutheran
Hospital

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 S. Allen

Licensed Embalmer No. 1415

P. O. Address F.C.M.

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.

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