

FILED JAN 30 1946  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 174

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: 2727 Vine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. \_\_\_\_\_  
In this community \_\_\_\_\_ (Specify whether years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2727 Vine Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

MARY P. DUCKWORTH

3. (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

4. Sex Female 5. Color Cal 6. (a) Single, widowed, married, divorced Richard

6. (b) Name of husband or wife Branch Duckworth 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Apr 9 1873 (Month) (Day) (Year)

8. AGE: Years 72 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Honor Wife

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

12. Name Richard Burton

13. Birthplace Burton Sta Mo (City, town, or county) (State or foreign country)

14. Maiden name Sarah Hobbs

15. Birthplace Fayette Mo (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gilbert Harris (b) Address Hamilton Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 18 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton Mo  
18. (a) Signature of funeral director Mackins Cross  
(b) Address 1729 Lydia

19. (a) 1-18-46 (Date received local registrar) (b) Geraldene Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 11 year 1946 hour 10:01 minute P. M.

21. I hereby certify that I attended the deceased from Jan 9 to Jan 11 1946 that I last saw her alive on Jan 11 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis, Hypertensive Heart

Duration 73 hrs 2 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations 108  
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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of work) Means of injury \_\_\_\_\_

23. Signature of Registrar Mackins Cross (M. D. or other) M.P.  
Address 2434 Pine Date signed 1-13-46

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

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**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

*D. J. Marlowe*

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.**