

FILED JAN 31 1946

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 308

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:
4139 SOUTH BENTON
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 YEAR years, months or days)

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. 4139 SOUTH BENTON
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. GLADYS MATHER McFALL

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife MR. UNKNOWN McFALL
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 28 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>6</u>	<u>20</u>	hr. _____ min.

9. Birthplace UNKNOWN WISCONSIN
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JACK MATHER
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
14. Maiden name MARGARET WEBSTER
15. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Margaret Delahunty

(b) Address 4139 South Benton

17. (a) BURIAL (b) Date thereof JAN 21 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 18TH
year 1946 hour 1:00 minute 00 P. M.

21. I hereby certify that I attended the deceased from August 6 1945 to January 18 1946
that I last saw her alive on January 18 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Uterus, with generalized metastasis Duration 1 year

Due to _____

Due to _____

Other conditions Epilepsy
(Include pregnancy within 3 months of death)

Major findings: Of operations 4/8-15

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 place) (e) Means of injury _____

23. Signature John L. Lark (M. D. or other) M.D.

Address 1314 Professional Date signed 1/19/46

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

1814 Professional Fee
1:30-5

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 *A. C. Newcomer Jr*
Licensed Embalmer No. *40430*
P. O. Address *A. C. Newcomer*

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.