

S. No. 2
M-5-43
7-5-17-39
p I X36671

FILED JAN 31 1946

State File No. _____
Registrar's No. 216

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson,
(b) City or town Kansas City,
(c) Name of hospital or institution:
9 East 45th Street,
(d) Length of stay: In hospital or institution no.
In this community 50 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson,
(c) City or town Kansas City,
(d) Street No. 9 East 45th Street,
(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. Mary Ellen Thacher
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 11
year 1946 hour 11:00 minute A. M.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John Henry Thacher
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased September 27 1850

21. I hereby certify that I attended the deceased from July, 1946, to Jan 11, 1946.
that I last saw her alive on January 11, 1946,
and that death occurred on the date and hour stated above.
Immediate cause of death Broncho pneumonia

8. AGE: Years Months Days If less than one day
95 06 3 25 14 hr. min.

Due to _____
Due to _____

9. Birthplace Pennsylvania
10. Usual occupation at home

Other conditions Intestinal Obstruction
adhesions 6 days

11. Industry or business no.
12. Name William Nichols
13. Birthplace unknown
14. Maiden name unknown
15. Birthplace unknown

Major findings:
Of operations _____
Of autopsy 1225²

16. (a) Informant Mrs. Harriet Bailey
(b) Address 9 E. 45th St., Kansas City, Mo.
17. (a) burial (b) Date thereof 1-12-46
(c) Place: burial or cremation Forest Hill Cemetary

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-14-46 (b) Stardline Holmes

23. Signature Joseph P. Fogarty (M. D. or other) 2
Address 602 North 19th Date signed 1/11/46

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

1289

MOTHER, FATHER

PHYSICIAN
Underline the cause to which death should be charged statistically.

Dr. J. A. Fogarty

3100. J. J. J. J.

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.....

Robert H Reed

Licensed Embalmer No.....

3745

P. O. Address.....

R.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.