S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

13261

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED APR 22 1946

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1655

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: Research Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hours. (Specify whether
In this community 18 years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay 24

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. RR. #10 North Kansas City 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 1

If yes, name country ✓

3. (a) PRINT FULL NAME Mary Dorris McPherson

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. 497-26-9144

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased Feb. (Month) 21 (Day) 1928 (Year)

8. AGE:

Years	Months	Days	If less than one day
18	1	15	✓ hr. ✓ min.

9. Birthplace Brookwood Add. (City, town, or county) Missouri (State or foreign country)

10. Usual occupation School

11. Industry or business ✓

FATHER
12. Name Charles E. McPherson
13. Birthplace Leavenworth (City, town, or county) Kansas (State or foreign country)

MOTHER
14. Maiden name Bertha Bales
15. Birthplace ✓ (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Charles E. McPherson

(b) Address RR. #10 North Kansas City Mo.

17. (a) ~~Burial~~ Removal (Burial, cremation, or removal) (b) Date thereof April (Month) 8 (Day) 1946 (Year)

(c) Place: burial or cremation Liberty Cem. Mo.

18. (a) Signature of funeral director Morton-Smiths

(b) Address North Kansas City

19. (a) 4-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 6
year 1946 hour 12 minute 5 P.M.

21. I hereby certify that I attended the deceased from 4/6, 1946 to 4/6, 1946;
that I last saw her alive on 4/6/46, 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Basal skull fracture	2 hrs.
Due to Accident	
Due to fell from a horse-struck head on mail box	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 186a 15 39	
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) Accident

(b) Date of occurrence 4/6/46

(c) Where did injury occur? (City or town) Clay (County) Mo (State) 24

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work? No (e) Means of injury 0

23. Signature R Holmes (M. D. or other) M D

Address N Ke, Mo Date signed 4/8/46

(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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North Kans City 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.