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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 22 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13357
1658

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

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 2-7-46 (Specify whether years, months or days)

In this community all her life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 4

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

(d) Street No. 1215 West 59th Street,
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Edwina Christopher Searles

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

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Charles C. Searles

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

7. Birth date of deceased July (Month) 6 (Day) 1903 (Year)

8. AGE:

Years	Months	Days	If less than one day
42	8	28	hr. min.

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

10. Usual occupation at home,

11. Industry or business x

MOTHER FATHER

12. Name Stanley Christopher

13. Birthplace Missouri (City, town, or county) (State or foreign country)

14. Maiden name Mary Hearne

15. Birthplace New Jersey (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Stanley S. Christopher

(b) Address 1215 W. 59th St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4-8-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4 year 1946 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Nov 3, 1945, to 4-4 1946; that I last saw her alive on April 4 1946; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinomatosis	3 mos.
Due to Cancer of the Ovaries	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death) 4 qr	

Major findings:
Of operations Biopsy of glands showed metastases
Of autopsy Surgery 1 yr ago

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 Chas. E. Shreve M.D. (M. D. or other)

Address 201 Plaza Med Bldg KC, Mo Date signed 4/6/46

(Licensed Embalmer's Statement on Reverse Side)

Dr. P. T. Bohan

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 K 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.