S. No. 2
M—8-43
. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 16 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23942 28

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 104

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Home for aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)

In this community 5 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 611 Penn
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) /

If yes, name country

3. (a) PRINT FULL NAME MARY MORROW

3. (b) If veteran, name war ✓

3. (c) Social Security No. ✓

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife ✓

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

7. Birth date of deceased 7 (Month) 8 (Day) 1891 (Year)

8. AGE: Years 55 Months 11 Days 7 If less than one day hr. min.

9. Birthplace Nebraska (City, town, or county) / (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name L. W. Ruckels

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

14. Maiden name Josephine Sheffield

15. Birthplace Mich. (City, town, or county) / (State or foreign country)

16. (a) Informant Jackson County Home Records

(b) Address 114 R.F.D. Independence Mo

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-17-46 (Month) (Day) (Year)

(c) Place: burial or cremation Auburn Neb

18. (a) Signature of funeral director E. P. Rogerson

(b) Address Mo

19. (a) 7 1946 (Date received by local registrar) (b) Lora G. Jones (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 15 year 1946 hour 7 minute 25 A.M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Multiple Fractures	
Due to: Shock	
Due to: Suicide	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 1 Lye
Of autopsy no
Autopsy Inquest

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) suicide

(b) Date of occurrence 6-15-46

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

(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 Fall

23. Signature James Walsh (M. D. or other) Coroner

Address 1424 Mo Ave Date signed 6-15-46

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(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 .....

Licensed Embalmer No. 4773

P. O. Address .....

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.