

No. 2
5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27154
Registrar's No. 3399

FILED AUG 19 1946

Registration District No. 149 Primary Registration District No. 1002

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:
3429 Woodland /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 38 years (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Jackson Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3429 Woodland 88
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country X

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 7
year 1946 hour 5:55 minute A. M.
21. I hereby certify that I attended the deceased from 1935
....., 19....., to Aug 7....., 1946;
that I last saw her alive on Aug 6....., 1946;
and that death occurred on the date and hour stated above.

4. Sex female / 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife George F. Hannay
6. (c) Age of husband or wife if alive dec. years
7. Birth date of deceased September 24 1861
(Month) (Day) (Year)

Immediate cause of death Myocardial Failure 2 wks.
Genl. Senile Change
Genl. Arteriosclerosis
Hypertension & Hypertensive
Heart Disease
Due to Senile Change
Due to Arteriosclerosis
Other conditions (Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
84 10 24 3 hr. 7 min.

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

10. Usual occupation at home

11. Industry or business X

12. Name James Howard Goodman

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

14. Maiden name Martha Perkins

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

16. (a) Informant Miss Sadie E. Hannay

(b) Address 3429 Woodland, Kansas City, Mo.

17. (a) burial (b) Date thereof 8-9-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 8-7-46 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

Major findings: 93.8
Of operations
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 0
23. Signature Harold M. Roberts (M. D. or other) M.D.
Address 1103 Grand, K. C., Mo. Date signed 8-7-46

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

MOTHER FATHER

Prof. Roberts

Dr. Harold Roberts

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 *J. Clair Sheppard*
Licensed Embalmer No. *4179*
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.