

No. 2
12-45
17-39
X47070

FILED DEC 24 1946
Registration District No. **199**

Primary Registration District No. **1002**

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

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:
4020 Anderson /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 1907 (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mary L. E. Shank

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

3. (c) Social Security No. none

4. Sex female 5. Color or race White

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

6. (b) Name of husband or wife Thomas J. 6. (c) Age of husband or wife if alive years

7. Birth date of deceased October 9 1855
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>91</u>	<u>2</u>	<u>3</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER

12. Name Rudolph Witmer /

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

14. Maiden name Nancy Stephens

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

16. (a) Informant R. T. Jeffries

(b) Address Lees Summit, Mo

17. (a) Burial (b) Date thereof 12-11-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Washington Cem

18. (a) Signature of funeral director C. H. Blackman & Son, Inc

(b) Address 2825 Independence Blvd.

19. (a) 12-13-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**
(If outside city or town limits, write "RURAL")

(d) Street No. 4020 Anderson **8**
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1946 hour 6 minute 35 P.

21. I hereby certify that I attended the deceased from Jan 35 to Dec 12 1946
that I last saw her alive on Dec 12 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: acute dilatation of heart Duration acute

Due to Carcinoma of rectum with metastasis 5 years

Due to

Other conditions 4622

Major findings: none

Of operations none

Of autopsy none

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) (e) Means of injury

23. Signature A. Carmey Anderson
Address 65 20 Indep. Ave Date signed 12-13-46

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 O. K. McFarland
Licensed Embalmer No. 4397
P. O. Address Kansas 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.