No. 2
12-45
17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40861

Registrar's No. 5227

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: 2524 Troost /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether
In this community: 50 years
years, months or days)

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.: 2524 Troost 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 5

If yes, name country:

3. (a) PRINT FULL NAME: Mary K. STAATS

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: widowed

6. (b) Name of husband or wife: Jacob Staats

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

7. Birth date of deceased: april (Month) 11 (Day) 1873 (Year)

8. AGE: Years 73 Months 8 Days 1 If less than one day hr. min.

9. Birthplace: Sedan (City, town, or county) Kansas / (State or foreign country)

10. Usual occupation: Masseuse

11. Industry or business: Mary Kirchner Home

FATHER
12. Name: Jacob Kirchner 1
13. Birthplace: ---- (City, town, or county) Germany 7 (State or foreign country)

MOTHER
14. Maiden name: Elizabeth G. Steinweden
15. Birthplace: ---- (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant: Miss Teresa E. Kirchner
(b) Address: 2524 Troost, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-14-46 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Mellody-McGilley-Eyar
(b) Address: Kansas City, Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12
year 1946 hour 9 minute 20 A. M.

21. I hereby certify that I attended the deceased from 4-23, 1946 to 10-24, 1946
that I last saw her alive on 10-24, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Cancer -primary right breast.

Due to:

Due to: 5D

Other conditions:
(Include pregnancy within 3 months of death)

Major findings:
Of operations:

Of autopsy:

Duration

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: 0

23. Signature: W. M. Hitchen (M. D. or other) M.D.

Address: 1010 Rialto Bldg. Date signed 12-12-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Ketchum Realty Bldg.
with Dr. Dearmore
Thurs, P.M.

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 Glen E. Heck

Licensed Embalmer No. 4063

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.