

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40870

State File No. _____
Registrar's No. **5479**

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether
In this community 30 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 East Armour
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MRS. VERNA SYMONDS
3. (b) If veteran, name war No
3. (c) Social Security No. 494-12-1952

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 28th.
year 1946 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from October 9
1946 to Dec 28 1946
that I last saw h alive on Dec 27 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 William L. Symonds
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 17th 1883
(Month) (Day) (Year)

Immediate cause of death _____
Due to Chronic bronchial asthma & bronchiectasis
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Duration
11 1/2
10 7/8
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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 _____
23. Signature [Signature] (M. D. or other)
Address [Address] Date signed 12/28/46

8. AGE: Years Months Days If less than one day
63 1 11 hr. _____ min.
9. Birthplace Auburn Maine
(City, town, or county) (State or foreign country)
10. Usual occupation Office
11. Industry or business Adler Millinery
12. Name Clarence F. Maxwell
13. Birthplace Webster Maine
(City, town, or county) (State or foreign country)
14. Maiden name Elietta Dunham
15. Birthplace Auburn Maine
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Beulah Bishop
(b) Address 1015 East Armour
17. (a) Cremation (b) Date thereof 12 - 30 - 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery
18. (a) Signature of funeral director Freeman Mortuary & Chapel
(b) Address 104 West 42nd, St. Kansas City, Mo.
19. (a) 12-30-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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 Walter H. Erwin
Licensed Embalmer No. 4352
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.

11:00 AM 11/5/00