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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED MAR 21 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9193

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1020

1. PLACE OF DEATH: Jackson

(a) County..... Jackson

(b) City or town..... Kansas City

(c) Name of hospital or institution: St. Marv's Hospital

(d) Length of stay: In hospital or institution 2 weeks 4 days

In this community 4 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 5821 Wabash

(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME MRS. MARY ELLA KING

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

3. (c) Social Security No. None

4. Sex Fe / 5. Color or race Wh

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

6. (b) Name of husband or wife Claude C. King

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

7. Birth date of deceased April 28 1874

8. AGE: Years 72 Months 10 Days 28

9. Birthplace Beloit Wisconsin

10. Usual occupation At Home

11. Industry or business

12. Name Wm. H. Vanderburg

13. Birthplace No Record

14. Maiden name No Record

15. Birthplace No Record

16. (a) Informant W. D. King

(b) Address 5821 Wabash

17. (a) Removal (b) Date thereof 3-6-47

(c) Place: burial or cremation Sioux City, Iowa

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 3-6-47 (b) Geraldine Holman

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 6th

year 1947 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from 16 FEB 1947 to 6 MARCH 1947

that I last saw her alive on 6 MARCH 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis

Duration 5 Days

Due to Arteriosclerosis, generalized

Due to Osteoarthritis, generalized

Other conditions 7 Yrs

(Include pregnancy within 3 months of death)

Major findings: Of operations Same

Of autopsy 83%

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? .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) .....

(c) Means of injury .....

23. Signature J. D. Budd (M. D. or other)

Address 317 ARBYLE Date signed 3-6-47

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

MOTHER FATHER

2-11-57  
H A 5037  
Nov 5060  
317

**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.....

*Carl R. Matthes*

Licensed Embalmer No. *3457*

P. O. Address.....  
*Spokane, ID*

**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.**