

S. No. 2  
—12-45  
5-17-39  
P1 X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED** AUG 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24343**  
Registrar's No. **3217**

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:  
**3111 Euclid**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community **over four 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. **3111 Euclid** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No) **1**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **TERRELLIA ANN REID**  
3. (b) If veteran, name war **no**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **July** day **28**  
year **1947**, hour **6** minute **30** A. M.  
21. I hereby certify that I attended the deceased from **July 25**  
19**47**, to **July 28** 19**47**.  
that I last saw her alive on **July 27** 19**47**.  
and that death occurred on the date and hour stated above.

4. Sex **fe** / 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **mar** /  
6. (b) Name of husband or wife **Robert W.**  
6. (c) Age of husband or wife if alive **56** years  
7. Birth date of deceased **unknown**  
(Month) (Day) (Year)

Immediate cause of death **Broncho pneumonia** **4 days**  
Due to **Generalized metastatic carcinoma of breast** **app 1 yr**  
Due to **primary site in breast**  
Other conditions (Include pregnancy within 3 months of death) **50**

8. AGE: Years Months Days If less than one day  
**app 47** hr. min.

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **near Webb City** **Mo**  
(City, town, or country) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business **at home**

12. Name **Frank M Chaney**

13. Birthplace **Pettis Co** **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Nannie E. Owen**

15. Birthplace **Ill.** **1**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Mary Frances Kennedy**

(b) Address **3111 Euclid**

17. (a) **burial** (b) Date thereof **1:30 7-31-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **mt. moriah**

18. (a) Signature of funeral director **C. H. Blackman & Son, Inc**  
(b) Address **2825 Independence Blvd.**

19. (a) **7-31-47** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(c) 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? **0**

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **John McQuivers** (M. D. or other) **JM**

Address **3904 Linwood** Date signed **7/30/47**

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

MOTHER FATHER

D. John Powers -  
Li. 2409  
2932 1/2  
3304 Kinwood

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 W. D. Blackman  
Licensed Embalmer No. 3639  
P. O. Address R. 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.