

S. No. 2
1-1/47
5-17-39

FILED JUL 19 1947
Registration District No.

Primary Registration District No. 1202

Registrar's No. 2888

1. PLACE OF DEATH:

(a) County JACKSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURALS" and name of township)
(c) Name of hospital or institution 4231 MICHIGAN AVE
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 YEARS (Specify whether 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") 8
(d) Street No. 4231 MICHIGAN AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MAGGIE LEONA SENIOR
3. (b) If veteran name war. NO
3. (c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 6
year 1947 hour 3 AM minute

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife M.R. JOSEPH C SENIOR
6. (c) Age of husband or wife if alive

21. I hereby certify that I attended the deceased from June 1946 to July 6 1947
that I last saw her alive on 4 July 1947
and that death occurred on the date and hour stated above.

7. Birth date of deceased JAN. 4 1898
(Month) (Day) (Year)

Immediate cause of death
Cardiac Failure
Due to Hypertensive cardio-vascular disease 10 yr

8. AGE: Years 69 Months 6 Days 2
If less than one day hr. min.

Other conditions (include pregnancy within 3 months of death)
Due to

9. Birthplace CHAUTAUGUA KANSAS
(City, town, or county) (State or foreign country)

Major findings: Of operations 932
Of autopsy

10. Usual occupation HOUSE WIFE
11. Industry or business AT HOME
12. Name AUGUST OLSON
13. Birthplace SWEDEN 4
(City, town, or county) (State or foreign country)
14. Maiden name IRVIN
15. Birthplace IOWA 1
(City, town, or county) (State or foreign country)

16. (a) Informant Ralph J. Senior
(b) Address 4231 Michigan
17. (a) BURIAL (b) Date thereof July 8 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MT. WASHINGTON CEM.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)

18. (a) Signature of funeral director D. W. Newcomer, Sons
(b) Address 1401 BRUSH CREEK BLVD
19. (a) 7-7-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Walton C. Woods (M. D. or other) M.D.
Address Manhattan, Kansas Date signed July 6 1947

WRITE PLAINLY—USING 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..... *Bernard L. Horan*

Licensed Embalmer No. *4256*

P. O. Address..... *D. 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.