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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 19 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 24407

Primary Registration District No. 1002

Registrar's No. 2951

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Luke's Hosp. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether years, months or days)

In this community 60 years

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 417 Huntington Road 8
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Mary C. Teachenor

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

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Richard Bennington Teachenor

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

7. Birth date of deceased August (Month) 31 (Day) 1868 (Year)

8. AGE: Years ~~79~~ 78 Months 10 Days ~~12~~ 0 If less than one day hr. min.

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

10. Usual occupation at home.

11. Industry or business x

MOTHER FATHER

12. Name William Jackson Givanden

13. Birthplace Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Rosa Stapp

15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

16. (a) Informant Frank R. Teachenor

(b) Address 2101 W. 68th St., Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-12-47 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11 year 1947 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 14, 1947, to July 11, 1947, that I last saw her alive on July 10, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinomatosis	15 yrs
Due to Breast Carcinoma	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

50

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

23. Signature Richard L. Lehner (M. D. or other) M.D.

Address 4301 Main Date signed July 8, 1947

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lehner 1630 Graff Blvd

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.....

Licensed Embalmer No. 1413

P. O. Address K.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.