No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 19 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 27818

Registrar's No. 3338

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

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) 0

(c) Name of hospital or institution General Hospital # 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether

In this community 1 year 6 months 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. 4601 Holmes 8 (If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Lucille Mahr

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Milton Mahr

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

7. Birth date of deceased January (Month) 7, (Day) 1907 (Year)

8. AGE: Years 40 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name Frank M. Stephens
13. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country) 1

MOTHER
14. Maiden name Addie M. Farrar
15. Birthplace Annapolis (City, town, or county) Missouri (State or foreign country) 0

16. (a) Informant Mr. Milton Mahr

(b) Address 4601 Holmes

17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-6-47 (Month) (Day) (Year)

(c) Place: burial or cremation Diamond Missouri

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 8-6-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 6 year 1947 hour 3 minute A. M.

21. I hereby certify that I attended the deceased from July 29, 1947, to Aug. 6, 1947 that I last saw her alive on August 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolus	
Due to Post operative femoral thrombus	
Due to Obstruction of intestine-Infarction of intestine	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations See above 122b

Of autopsy none

PHYSICIAN — Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Blaine Zook Hebbard (M. D. ~~or other~~)

Address Acting Medical KC Gen Hosp Date signed 8-6-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

P. O. Address.....

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.

WRITE PLAINLY—USING UNFADING I

9. Birthplace [illegible] (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

FATHER
12. Name FRANK M. STEPHENS
13. Birthplace KANSAS CITY KANSAS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ADDIE M FARRAR
15. Birthplace ANNOPOLIS (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MR. MILTON MANR
(b) Address 4601 HOLMES

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof AUG 6 47 (Month) (Day) (Year)
(c) Place: burial or cremation DIAMOND MISSOURI

18. (a) Signature of funeral director DW Newcomer Sons
(b) Address 1401 Brush Creek K.C. Mo.

19. (a) 8-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy None

PHYSICIAN

Underline the cause of 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 Wm W. Hart (M. D. or other) MD 8-6-47
Address Med. Dir. Gen'l Hosp Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Story

Licensed Embalmer No. 4452

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.