S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 8 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 34582 4563

Registrar's No.

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: 5540 EUCLID AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ----- (Specify whether
In this community 1 year
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. 5540 EUCLID AVENUE 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country ----

3. (a) PRINT FULL NAME MRS. FLORENCE McGREW

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 MR. FORREST M. McGREW

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased APRIL (Month) 5 (Day) 1897 (Year)

8. AGE: Years 50 Months 6 Days 25 If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business ----

FATHER
12. Name JOHN FLAHERTY
13. Birthplace PHILADELPHIA (City, town, or county) PENNSYLVANIA (State or foreign country)

MOTHER
14. Maiden name MARY ASHELMAN
15. Birthplace WEST PITTS (City, town, or county) PENNSYLVANIA (State or foreign country)

16. (a) Informant MR. FORREST M. McGREW
(b) Address 5540 EUCLID AVENUE

17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 10-31-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ St. Louis, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 10-31-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 30TH year 1947 hour 2 minute 40 P. M.

21. I hereby certify that I attended the deceased from May, 1947 to Oct. 30, 1947 that I last saw her alive on OCT. 22, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death metastatic Carcinoma of bones, brain & other organs	
Due to Carcinoma of breasts, bilateral	3 yrs.
Due to	
Other conditions (Include pregnancy within 3 months of death) 50	
Major findings: Of operations	
Of autopsy	

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 J. S. Cope (M. D. or other) MD
Address 1612 Prof. Bldg. K.C. Mo. Date signed 10/31/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Research Hospital
9-12

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. Storey

Licensed Embalmer No. 4452

P. O. Address K.C. 4 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.