

No. 2
1/47
17-39

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

38229

National Office of Vital Statistics

State File No.

FILED DEC 9 1947 49

5010

Registration District No.

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County JACSON
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether in this community years, months or days) 3 DAYS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 6430 SNI-AR ROAD
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MADEHNE CECELIA JESTER

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 SINGLE

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

7. Birth date of deceased NOVEMBER 25 1947
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
3 hr. min.

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

10. Usual occupation INFANT

11. Industry or business

12. Name RICHARD JESTER 9 UNKNOWN

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

14. Maiden name JOYCE CHRISTINE ELLIS

15. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant Maudie Dawson Taylor
(b) Address 6430 Snobar Road

17. (a) CREMATION (b) Date thereof NOV 30 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation D.W. NEWCOMER'S SONS

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

19. (a) 11-29-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 28TH
year 1947 hour 11 minute 40 A.M.

21. I hereby certify that I attended the deceased from 19 to 19
that I am a Physician and that death occurred on the date and hour stated above.

Immediate cause of death Congestive Heart Disease

Due to Coronary Thrombosis

Due to

Other conditions (include pregnancy within 3 months of death) 1572
Major findings: Of operations
Of autopsy

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 of Physician (M.D. or other) Date signed 28 Dec 47

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.....

Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 Mrs.

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.