S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

41965

State File No.

FILED JAN 2 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5284

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)

(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 1 hr. 35 min. (Specify whether
In this community 4 years
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. 2927 Olive Street 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Jane WARFORD

3. (b) If veteran, name war no

3. (c) Social Security No. 500-22-3213

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife Estill Warford

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

7. Birth date of deceased January (Month) 6 (Day) 1904 (Year)

8. AGE: Years 43 Months 11 Days ~~6~~ 7 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business At home

FATHER
12. Name Wilford Mikel
13. Birthplace Macon (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Leah Neisen
15. Birthplace Sedalia (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mr. Estill Warford
(b) Address 2927 Olive St., K.C., Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-17-47 (Month) (Day) (Year)
(c) Place: burial or cremation Huntsville, Mo.

18. (a) Signature of funeral director Mellody-McGilley-Eylar
(b) Address Kansas City, Missouri

19. (a) 12-15-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 13
year 1947 hour 1 minute 20 A. M.

21. I hereby certify that I attended the deceased from Dec 11, 1947 to Dec 12, 1947; that I last saw her alive on Dec 12, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death: Internal capsule cerebral hemorrhage - massive

Due to: 96 ypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy as above

Duration: 6 hours years?

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 Means of injury

23. Signature John T. Skinner (M. D. or other) MD

Address 1107 Grand Ave Date signed 12-12-47

K. C. MO

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

Dr. T. Hammer
Bryant Bldg.
Reno 4.

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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address Reno

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.