. S. No. 2
00M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 3 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

1364

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 317

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: EN ROUTE TO RESEARCH HOSPITAL 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ---- (Specify whether
In this community 62 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 4413 MICHIGAN 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 MYRTLE WALLACE

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 widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased September (Month) 1 (Day) 1872 (Year)

8. AGE: Years 75 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation housewife

11. Industry or business

FATHER
12. Name John Cashman
13. Birthplace Abington (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Ellen Webb
15. Birthplace Canton (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Edwin Wallace
(b) Address Chicago, Ill.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JAN 22 1948 (Month) (Day) (Year)
(c) Place: burial or cremation LOUISBURG, KANSAS

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

19. (a) 1-22-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY 21ST day year 1948 hour 5-45 minute P.M.

21. I hereby certify that I attended the deceased from 1-21, 1948, to 1-4, 1948; that I last saw her alive on 1-21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism, multiple

Due to Congestive Heart failure

Due to Hypertensive C V disease

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
93 d
Of autopsy

Duration

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 0

23. Signature [signature] (M. D. or other)

Address 9 [illegible] Date signed 1-22-48

(Licensed Embalmer's Statement on Reverse Side)

924 Professional Bldg.
11-12.

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 Jess T. Dees

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.