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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 22 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1602

State File No. 16498

Registrar's No. 2016

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: 7200 Highland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 58 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Jackson 48

(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No.: 129 N Hardesty 8
(If rural, give location)

(e) Citizen of foreign country? unknown. (Yes or No) 0
If yes, name country ____

3. (a) PRINT FULL NAME: MARY JOSEPHINE Samide

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: fe

5. Color or race: white

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

6. (b) Name of husband or wife: Jacob

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

7. Birth date of deceased: June (Month) 14 (Day) 1868 (Year)

8. AGE: Years 79 Months 10 Days ~~26~~ 25 If less than one day ____ hr. ____ min.

9. Birthplace: Austria (City, town, or county) 4 (State or foreign country)

10. Usual occupation: housewife

11. Industry or business: at home

FATHER
12. Name: Unknown
13. Birthplace: Austria (City, town, or county) U (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Austria (City, town, or county) U (State or foreign country)

16. (a) Informant: R.J. Samide
(b) Address: 7200 Highland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-12-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. St Marys

18. (a) Signature of funeral director: C.H. Blackman & Son, Inc
(b) Address: Kansas City, Mo

19. (a) 5-11-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 1 minute 40 P. M.

21. I hereby certify that I attended the deceased from Jan 6, 1948, to May 9, 1948, that I last saw her alive on 5/8, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death: Uremia — Duration: 3 wks

Due to: Arteriosclerosis
Nephritis

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings:
Of operations: 310
Of autopsy: ____

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: ____

23. Signature: Robert H. McGrath M.D. (Physician or other)
Address: 820 Mint Bldg. Date signed: 5/11/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. G. McClain
Prof Bldg
820

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 H D Blackman

Licensed Embalmer No. 3639

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.