

FILED AUG 11 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23264

Registration District No. 154

Primary Registration District No. 5575

Registrar's No. 23

1. PLACE OF DEATH

(a) County Jackson
 (b) City or town Hickman Mills Rural
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Route 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 4 years
 years, months or days

3. (a) PRINT FULL NAME Mary Frances Titus3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex F 5. Color or race W 6. (a) Single, widowed, married. 2 divorced widow
 6. (b) Name of husband or wife Wm Henry 6. (c) Age of husband or wife if alive No years
 7. Birth date of deceased May 4 1857
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
91 2 23 hr. min.9. Birthplace Downing Missouri
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife11. Industry or business At Home

MOTHER FATHER
 12. Name King Basley
 13. Birthplace unknown Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Eliza Phillips
 15. Birthplace unknown Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs C. Wallace Irvin(b) Address Route 2, Hickman Mills, Mo.17. (a) Removed (b) Date thereof 7-28-48
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Caney Kansas18. (a) Signature of funeral director Shawnee(b) Address Shawnee, Kansas19. (a) July 29-48 (b) Dr. Annie S. Hedden
 (Date registered local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
 (c) City or town Hickman Mills 5
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. Route 2
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
 year 1948 hour 15 PM minute _____ M.21. I hereby certify that I attended the deceased from July 15
 1948 to July 27, 1948
 that I last saw her alive on July 26, 1948
 and that death occurred on the date and hour stated above.Immediate cause of death Metastatic
Stomach's over 2 yrs
 Duration

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy 92B
 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? W. Fair (Specify type of place) (e) Means of injury _____23. Signature W. Fair (M. D. or other) _____Address 404 1/2 W 75th St Date signed 7/27/48

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..... *E. Paul Amos*

Licensed Embalmer No. *4385*

P. O. Address. *Shawnee, Kans.*

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.