

No. 2  
-12-45  
-17-39  
X47070

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 26530

FILED SEP 4 1948, 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 3449

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:  
225 North Kensington /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 40 Years  
years, months or days

3. (a) PRINT FULL NAME Mary Etta Pate

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Fe / 5. Color or race White

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

6. (b) Name of husband or wife Deceased unknown

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

7. Birth date of deceased October 15 1871  
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cloverport Kentucky  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER { 12. Name Samuel Runner

{ 13. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Unknown Sutton

{ 15. Birthplace Unknown Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr Norton Pate

(b) Address Kansas City, Kansas

17. (a) Burial (b) Date thereof Aug 24, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director R. A. Fulton

(b) Address 1319 North 18th K.C. Kansas

19. (a) 8-23-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

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. 225 North Kensington 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 22  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from 8-12, 1948 to time of death, 1948  
that I last saw h. ex alive on 8-12 and that death occurred on the date and hour stated above. 1948

Immediate cause of death Myocardial infarct 3 wks  
Duration

Due to Auricular sclerotic Heart 3 yrs  
Due to disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 93 D

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

Signature Leo M. Muller (M. D. or other) MD  
Address 3548 Indiana Date signed 8-23-48

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

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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 J. M. Swisher

Licensed Embalmer No. 3505

P. O. Address W. E. Kanner

**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.**