DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 20 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26908

Registration District No. 175 Primary Registration District No. 4276 Registrar's No. 70

1. PLACE OF DEATH:

(a) County Lawrence
(b) City or town Pierce City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Windsor Rest Home 4
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Three weeks
years, months or days)

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. 4102 Wayne 8
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No) 1
If yes, name country .....

3. (a) PRINT FULL NAME Mary Agnes Ruane

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Fml

5. Color or race W

6. (a) Single, widowed, married, divorced W 9

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

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

7. Birth date of deceased Nov (Month) 8 (Day) 1870 (Year)

8. AGE: Years 77 Months 8 Days 28 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housewife

11. Industry or business .....

FATHER
12. Name John Kelley
13. Birthplace ..... (City, town, or county) Ireland 4 (State or foreign country)

MOTHER
14. Maiden name Mary Fay
15. Birthplace ..... (City, town, or county) England 4 (State or foreign country)

16. (a) Informant John Ruane
(b) Address 4102 Wayne, K.C. MO

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8 (Month) 6 (Day) 48 (Year)
(c) Place: burial or cremation St Mary Cemetery

18. (a) Signature of funeral director Thomas Quinn
(b) Address Kansas City Mo

19. (a) 8-13-48 (Date received local registrar) (b) Ora McNatt (Registrar's signature) 157

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 5 year 1948 hour 11 minute 00 P. M.

21. I hereby certify that I attended the deceased from after death, 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Probable Heart attack

Due to .....

Due to .....

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

Major findings:
Of operations 95C
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) NO
(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 Herman Sturridge (M.D., or other)
Address Marionville Mo Date signed 8/5/48

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK

RECEIVED
District Health Officer No. 6,
District File Number 848-956
Date Filed AUG 18 1848

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 R. Gordon Bennett

Licensed Embalmer No. 4213

P. O. Address Monett, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.