S. No. 300
M—10-47
v. 5-17-39
I 3906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED SEP 18 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29923

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3530

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

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: 320 EAST 75TH STREET 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution — (Specify whether
In this community LIFE
years, months or days)

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") 8
(d) Street No. 320 EAST 75TH STREET 0
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME MISS MARY EVELYN POSEY

3. (b) If veteran, name war No
3. (c) Social Security No. NONE

4. Sex FEMALE 1
5. Color or race WHITE
6. (a) Single, ~~widowed, married,~~ ~~divorced~~ SINGLE 0
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MARCH (Month) 18 (Day) 1872 (Year)

8. AGE: Years 76 Months 5 Days 10 If less than one day hr. min.

9. Birthplace MISSOURI CITY, (City, town, or county) MISSOURI (State or foreign country) 0
10. Usual occupation HOUSE KEEPER
11. Industry or business AT HOME
FATHER
12. Name JOHN A. POSEY 0
13. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name AMANDA WYSONG
15. Birthplace BELLEFOUNTAINE (City, town, or county) OHIO (State or foreign country) 1
16. (a) Informant Harvey B. Posey
(b) Address 320 EAST 75TH STREET
17. (a) CREMATION (~~Burial~~, cremation, ~~or removal~~) (b) Date thereof AUGUST-30-1948 (Month) (Day) (Year)
(c) Place: ~~burial or~~ cremation D. W. NEWCOMER'S SONS.
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8-29-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 28
year 1948 hour 9 minute 30 P.M.
21. I hereby certify that I attended the deceased from June 30, 1948, to Aug 28, 1948
that I last saw her alive on Aug 28, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Intestinal obstruction	4 Days
Due to cancer of the sigmoid	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations gastro enterostomy for pyloric obstruction
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 H. S. Prentiss (M. D. or other)
Address 900 Realty Bldg Date signed 8/29/48

(Licensed Embalmer's Statement on Reverse Side)

6832 [illegible] Rd.
Ch 2880

JUN 17 1954

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 Robert Ray

Licensed Embalmer No. 4182

P. O. Address Kansas City, 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.