

3-300  
10-47  
7-39  
3906

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 40284

**FILED JAN 8 1949**

Registrar's No. 5202

Registration District No. 199

Primary Registration District No. 1002

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
In this community 35 yrs.  
years, months or days

3. (a) PRINT FULL NAME Mary Nance  
3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 490-30-3132

4. Sex Fe / 5. Color or race White  
6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife George F  
6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased November 6 1989  
(Month) (Day) (Year)

8. AGE: Years 59 Months 1 Days 15  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Pittsburg Penn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business La Belle Hotel

12. Name John Paden  
13. Birthplace Penn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Ward  
15. Birthplace Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Frank G. Paden

(b) Address 802 Tracy

17. (a) Burial (b) Date thereof 12-23-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director C.H. Blackman, Son Inc.

(b) Address Kansas City, Mo.

19. (a) 12-22-48 (b) Steraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 802 Tracy  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
year 1948 hour 10 minute 35 A.M.

21. I hereby certify that I attended the deceased from Dec. 14, 1948, to Dec. 21, 1948,  
that I last saw her alive on Dec. 21, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix-Hydroureter and hydronephrosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 480  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

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? \_\_\_\_\_

Wm. W. Hart (Specify type of place) \_\_\_\_\_  
While at work? (e) Means of injury \_\_\_\_\_

23. Signature Wm W Hart (M. D. or other) \_\_\_\_\_  
Address Med. Dir. Gen'l Hosp. Date signed 12-21-48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

*R. Campbell*

**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.....

*Stah*

....., Registered Apprentice No. *274*

working under my personal supervision.

Signed *Q K McFarland*

Licensed Embalmer No. *4397*

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.**