

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16857**  
**2386**

FILED JUN 10 1950

|  |  |   |   |   |   |  |  |  |
|--|--|---|---|---|---|--|--|--|
| BIRTH NO.  |  | REG. DIST. NO. <b>149</b>   |   | PRIMARY REG. DIST. NO. <b>1002</b>  |   | Registrar's No.  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |   |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><b>Kansas City</b>   |  | c. LENGTH OF STAY (In this place)<br><b>About 65 yrs.</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>  |   |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2309 E. 13th. Street</b>   |  |   |   | d. STREET ADDRESS (If rural, give location)<br><b>2309 E. 13th. Street</b>  |   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <b>Mary</b>  |  | b. (Middle) <b>Jane</b>   |   | c. (Last) <b>Mabry</b>  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 24, 1950</b>             |  |  |
| 5. SEX <b>Female</b>   |  | 6. COLOR OR RACE <b>Negro</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Widowed</b>  |   | 8. DATE OF BIRTH<br><b>July 17, 1871</b>                                 |  |  |
| 9. AGE (In years last birthday) <b>78</b>  |  | IF UNDER 1 YEAR<br>Months   |   | IF UNDER 1 YEAR<br>Days   |   | IF UNDER 24 HRS.<br>Hours   Min.   |  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b>  |  |   | 10b. KIND OF BUSINESS OR INDUSTRY           |   |   | 11. BIRTHPLACE (State or foreign country)<br><b>Camden, Mo.</b>          |  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>  |  |   | 13a. FATHER'S NAME<br><b>George Jackson</b> |   | 13b. MOTHER'S MAIDEN NAME<br><b>Liza Williams</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>George Mabry</b> |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>  |  | 16. SOCIAL SECURITY NO.<br><b>None</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Susie Booker - 2309 E. 13th.</b>   |   |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                           |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Hypertensive Heart Disease</b><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>INTERVAL BETWEEN ONSET AND DEATH<br><b>about 16 mos w/hrs</b><br><br><b>443X</b> |   |   |   |  |  |  |
| 19a. DATE OF OPERATION   |  | 19b. MAJOR FINDINGS OF OPERATION  |   |   |   | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |  |  |
| 21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)   |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)   |   |  |  |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?  |   |  |  |  |
| 22. I hereby certify that I attended the deceased from <b>February, 1949</b> , to <b>May 19, 1950</b> , that I last saw the deceased alive on <b>May 19, 1950</b> , and that death occurred at <b>8 am.</b> from the cause and on the date stated above. |  |   |   |   |   |  |  |  |
| 23a. SIGNATURE <b>E. J. Marshall</b> (Degree or title)   |  |   |   | 23b. ADDRESS<br><b>2206 1/2 E 18th St. Kansas City, Mo.</b>   |   | 23c. DATE SIGNED<br><b>5-26-50</b>                                       |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>   |  | 24b. DATE<br><b>5/27/50</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Lincoln Cemetery</b>   |   | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Mo.</b> |  |  |
| DATE REC'D BY LOCAL REG.<br><b>5-27-50</b>   |  | REGISTRAR'S SIGNATURE<br><b>Thereldine Holmes</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>E. Sterling Bills</b>  |   | ADDRESS<br><b>1212 Vine</b>  |  |  |

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*E. Sterling Bills*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *1212 W. Ave. St.*

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.