

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27051

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3542

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 435 West 35th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 435 West 35th. St.

3. NAME OF DECEASED (Type or Print) a. (First) Miss A. b. (Middle) Marie c. (Last) McPoland
4. DATE OF DEATH (Month) (Day) (Year) August 18 1951

5. SEX Female / 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Single /
8. DATE OF BIRTH Jan 2, 1895 9. AGE (In years last birthday) 56yrs. 6 Months 16 Days

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher
10b. KIND OF BUSINESS OR INDUSTRY Teaching
11. BIRTHPLACE (State or foreign country) Millway, Pa. / 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Stephan McPoland 13b. MOTHER'S MAIDEN NAME Magdalena Krueger 14. NAME OF HUSBAND OR WIFE Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. E. McPoland 435 West 35th

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinomatosis
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS PERMANENT OR TEMPORARY Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH Feb 1951

19a. DATE OF OPERATION Feb 1951 19b. MAJOR FINDINGS OF OPERATION Radical Mastectomy For C. A. Of Breast 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from 11/18, 19__, to 8/18/51, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 9:00A m., from the causes and on the date stated above.

23a. SIGNATURE C.G. Leitch (Degree or title) C.G. Leitch, M.D. 23b. ADDRESS 1109 Professional Bldg. 23c. DATE SIGNED 8/18/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE Aug 19, 1951 24c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery 24d. LOCATION (City, town, or county) (State) St. Mary's Penn.

DATE REC'D BY LOCAL REG. 8-19-51 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 20 W Linwood

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.....

..... Student Embalmer No.

working under my personal supervision.

Student

Student Embalmer

Signed.....

W. L. Hard

Licensed Embalmer No.

3991

P. O. Address

*308 East 68th St
E. P. M. A.*

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.