No. 2
11-10-39
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13854

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1566

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6828 East 14th St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 5 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.
(If outside city or town limits write "RURAL")

(d) Street No. 6828 East 14th St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Cora E. Hames 520

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced Widow

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

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

7. Birth date of deceased March 1, 1868 (Month) (Day) (Year)

8. AGE: Years 72 Months 1 Days 10 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) Michigan (State or foreign country)

10. Usual occupation Homemaker

11. Industry or business At Home

FATHER
12. Name Milo Bivins
13. Birthplace _____ (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Jane Anderson
15. Birthplace _____ (City, town, or county) Pa (State or foreign country)

16. (a) Informant Mrs. D. M. Cambler
(b) Address 6828 East 14th St. K.C.Mo.

17. (a) ~~Exx~~Removal (Burial, cremation, or removal) (b) Date thereof Apr. 13-40 (Month) (Day) (Year)
(c) Place: burial or cremation Waynoka, Okla.

18. (a) Signature of funeral director C.H.Blackman & Son, Inc.
(b) Address 2825 Indep. Blvd. K.C.Mo.

19. (a) April 12, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11th year 1940 hour 1 minute 50 P M.

21. I hereby certify that I attended the deceased from Jan 1/40, 19__, to April 11, 1940 that I last saw her alive on April 2, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of L Breast

Due to 50

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

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)
(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 2

23. Signature Olaf Coleman (M. D. or other) DR
Address 2835 Benton Date signed 4/12/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. Olaf Coleman,

28th Benton

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 H D Blackman

Licensed Embalmer No. 3639

P. O. Address K. C. Mo

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

If this body is not embalmed, above space should be left blank.