

No. 2
1-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13883

State File No. _____

MAY 15 1940

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4505

1. PLACE OF DEATH:
JACKSON
 (a) County _____
 (b) City or town **KANSAS CITY**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2023 JEFFERSON
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community **53 years**
 years, months or days

3. (a) PRINT FULL NAME **MRS CORA MAE PENCE** **520**

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

4. Sex **FEMALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **DIVORCED**

6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **NOVEMBER 2 1886**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	53	5	10	hr. _____ min.

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **HOUSEWORK**

11. Industry or business _____

12. Name **LAWRENCE BOGGS**

18. Birthplace **PENN**
(City, town, or county) (State or foreign country)

14. Maiden name **RACHEL MCQUAIL**

15. Birthplace **INDIANA**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ethel Pence**

(b) Address **2023 Jefferson**

17. (a) **BURIAL** (b) Date thereof **4-15-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARYS**

18. (a) Signature of funeral director **Rollie M. Eadi**

(b) Address **1416 Minnesota**

19. (a) **April 14, 1940** (b) **M. M. Brown**
(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. **"") #2023 JEFFERSON**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **12**
year **1940** hour **7** minute **45** P. M.

21. I hereby certify that I attended the deceased from **Aug 1939**
19 **39**, to **April 12**, 19 **40**;

that I last saw her alive on **4-12**, 19 **40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Unspecified**
Generalized Carcinomatosis **1 1/2 yrs.**

Due to **Primary Cancer of Cervix**

Due to **48**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

Duration
1 1/2 yrs.
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? _____

While at work? _____ (Specify type of place) (e) Means of injury **!**

23. Signature **Chester E. Lee** (M. D. certificate)
Address **1518 Professional Bldg** Date signed **4-12-40**

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

MOTHER FATHER

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.....

Rollie M. Eads

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Rollie M. Eads

Licensed Embalmer No. *2381*

P. O. Address *Kansas City, Kansas*

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, above space should be left blank.