No. 2
4-13-40
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 8 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41556

Registration District No. 1009

Primary Registration District No. 1002

Registrar's No. 4949

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 3130 Olive
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether)

In this community 60 yrs
years, months or days)

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. 3130 Olive
(If rural, give location)

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

3. (a) PRINT—FULL NAME Margaret Elizabeth Pershing. Margaret Elizabeth Pershing

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Femal

5. Color or race White

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

6. (b) Name of husband or wife Frank Pershing

6. (c) Age of husband or wife if alive 83 years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years 80 | Months — | Days — | If less than one day ..... hr. ..... min.

9. Birthplace (City, town, or county) Cinn. Ohio (State or foreign country)

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name Leonard Steel
13. Birthplace (City, town, or county) Penn (State or foreign country)

MOTHER
14. Maiden name Susan Pulse
15. Birthplace (City, town, or county) Ky (State or foreign country)

16. (a) Informant Fred Geiser

(b) Address 3130 Olive

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-27-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah

18. (a) Signature of funeral director Mrs. C. L. Foster

(b) Address 918 Brooklyn K.C. Mo

19. (a) 12-27-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 25 year 1940 hour ..... minute 1:a M.

21. I hereby certify that I attended the deceased from Nov 1939 ....., 19..., to Dec 25, 1940 that I last saw her alive on Dec 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	short
Due to arteriosclerosis	
Hypertension	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy .....

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 .....

23. Signature H C Tuttle (M. D. or other) MD

Address 1022 Argyle Bldg Date signed 12/26/40

(Licensed Embalmer's Statement on Reverse Side)

Augusta Reg
No 3454

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~~ Me

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

working under my personal supervision.

Signed J. Clair Sheppard

Licensed Embalmer No. 4179

P. O. Address K. C. Mo.

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

If this body is not embalmed, fact should be so stated above.