

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33757
Registrar's No. 3688

FILED NOV 13 1941
Registration District No. 379

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County. Jackson
(b) City or town. Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3233 Brooklyn Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community. 60 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Missouri (b) County. Jackson 048
(c) City or town. Kansas City Missouri
(If outside city or town limits, write "RURAL")
(d) Street No. 3233 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country 12

3. (a) PRINT FULL NAME Mrs. Margaret Deckelmayer
3. (b) If veteran, name war. None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 1st
year 1941 hour 3 minute 45 P.M.
21. I hereby certify that I attended the deceased from February 2,
1940 to October 1, 1941:
that I last saw her alive on October 1, 1941:
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced. Widowed
6. (b) Name of husband or wife. Lucian Deckelmayer
6. (c) Age of husband or wife if alive. ---- years
7. Birth date of deceased. May 29th 1866
(Month) (Day) (Year)

Immediate cause of death. cardiac failure. Duration

8. AGE: Years 75 Months 4 Days 2
If less than one day hr. min.

Due to cardiac dilatation & hypertrophy.
Due to chronic passive pulmonary congestion.
Other conditions auricular fibrillation.
(Include pregnancy within 3 months of death)

9. Birthplace Canada (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home
MOTHER { **FATHER** {
12. Name John Walter
13. Birthplace Canada (City, town, or county) (State or foreign country)
14. Maiden name Mary Cannon
15. Birthplace Ireland (City, town, or county) (State or foreign country)

Major findings:
Of operations. 950
Of autopsy. 950
PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. George M O'Donnell
(b) Address. 3233 Brooklyn Ave
17. (a) Burial (b) Date thereof 10-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Mt. St. Mary's
18. (a) Signature of funeral director Melody-McGillye
(b) Address. Kansas City Missouri
19. (a) 10/3/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 W. J. Lelhan (M. D. or other) 0
Address 905 N. 7th St., Kans. Date signed 10-5-
City, Kansas 41

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..... .....
Licensed Embalmer No. 2999
P. O. Address..... KC

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.