

1-40
-39
K23159

Registration District No. 379

Primary Registration District No. 1002

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:
2932 Lister Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 45 years / (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mary E. Mathews

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife S. J. Mathews

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Dec. 28 1872 64
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

68 29 12 _____ hr. _____ min.

9. Birthplace Atchison Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel H. Kelsey

13. Birthplace Indiana
(City, town, or county) (State or foreign country)

14. Maiden name Eather Ann Huron

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

16. (a) Informant S. J. Mathews

(b) Address 2932 Lister

17. (a) Burial (b) Date thereof 10-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Mo.

19. (a) 10/13/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0

(d) Street No. 2932 Lister Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from JUNE 1
41 to OCT. 10, 1941
that I last saw her alive on OCT. 10, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death SECONDARY
HEMIPLEGIA Duration 6 MO

Due to METASTATIC CARCINOMA
OF LIVER 6 MO.

Due to PRIMARY CARCINOMA OF
GALLBLADDER ? 24 TO

Other conditions _____
(Includes pregnancy within 3 months of death) 4/24

Major findings: Of operations _____

Of autopsy above H6K

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) NO

(b) Date of occurrence _____

(c) Where did injury occur? NONE
(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 J. T. Harrison (M. D. or nurse) J
Address Arkansas City Date signed 10-14-41

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

Am 21st
Latham
Angela Bely
4 P.M.

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

Clarence W. Chiles

Licensed Embalmer No.

3473

P. O. Address

X E M O

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

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