S. No. 2
M—1-4-41
. 5-17-39
I X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1504

Registration District No. 379 Primary Registration District No. 1002 Registrar's No. 377

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: 2419 Denver /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 17 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. 2419 Denver
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Temperance Jane Wycoff

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Femal /

5. Color or race White

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

6. (b) Name of husband or wife Peter B Wycoff

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

7. Birth date of deceased April 30 1850
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
91	8	24	..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Iowa / (State or foreign country)

10. Usual occupation At home

11. Industry or business

FATHER
12. Name Theopolis Cooper
13. Birthplace ..... (City, town, or county) S.C. / (State or foreign country)

MOTHER
14. Maiden name Mary Parish
15. Birthplace ..... (City, town, or county) N.C. / (State or foreign country)

16. (a) Informant Bertha Sowers
(b) Address 2419 Denver

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan. 27 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oah Hill Cem. Atchison Ks.

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 1/27/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 24
year 1942 hour 11 minute 55 P. M.

21. I hereby certify that I attended the deceased from ..... 19 32 to Jan. 24 19 42
that I last saw her alive on Jan. 22 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure with pulmonary congestion. Terminal pneumonia.

Due to Senility

Due to Malignancy of the right upper abdomen.

Other conditions ..... (Include pregnancy within 3 months of death)

Duration

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 [signature] (M. D. or other) D M
Address KCMO Date signed 1-26-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. W.M.Ketchum
1407 Waldheim Bldg.

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 Denzil C. Browning

Licensed Embalmer No. 2624

P. O. Address K.C. Mo

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.