

FILED MAR 9 1942  
 Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 500

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

1. PLACE OF DEATH: Jackson  
 (a) County.....  
 (b) City or town..... Kansas City  
 (c) Name of hospital or institution: 4248 Forest /  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution..... 50 years (Specify whether years, months or days)  
 In this community.....

2. USUAL RESIDENCE OF DECEASED:  
 (a) State..... Missouri (b) County..... Jackson 48  
 (c) City or town..... Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No..... 4248 Forest  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Mary Verrieth  
 3. (b) If veteran, name war..... XX  
 3. (c) Social Security No..... No

4. Sex..... Fe 1  
 5. Color or race..... Wh  
 6. (a) Single, widowed, married, divorced..... Widowed  
 6. (b) Name of husband or wife..... William Verrieth  
 6. (c) Age of husband or wife if alive..... XX years  
 7. Birth date of deceased..... unknown  
 (Month) (Day) (Year)

8. AGE: Years 77 Months Days If less than one day hr. min.

9. Birthplace..... At Home  
 (City, town, or county) (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER {  
 12. Name..... No Record  
 13. Birthplace..... Germany  
 (City, town, or county) (State or foreign country)  
 14. Maiden name..... No Record  
 15. Birthplace..... Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Dan McCarthy  
 (b) Address..... 4440 Fairmount

17. (a) Burial (b) Date thereof..... 2-4-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation..... Weston, Mo.

18. (a) Signature of funeral director..... M. M. Crown  
 (b) Address..... Kansas City, Mo.

19. (a) Date received local registrar..... 2/4/42 (b) M. M. Crown (Registrar's signature)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Feb. day 2, year 1942 hour minute M.  
 21. I hereby certify that I attended the deceased from 19... to 19...  
 that I last saw him/her and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

Belated Hydrothorax  
 Myocardial Infarction  
 Coronary Sclerosis  
 Other conditions (Include pregnancy within 3 months of death) 94a

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

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..... Russell Jensen (M.D. or other)  
 Address..... Date signed.....

Duration  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

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**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.....

P. O. Address.....

**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.**