

FILED MAY 12 1942
Registration District No.

Primary Registration District No. 1002

Registrar's No.

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: Lake Side Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days)

In this community 20 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Independence
(If outside city or town limits, write "RURAL")

(d) Street No. 821 West Lexington
(If rural, give location)

(e) Citizen of foreign country? no (Yes/ or No)
If yes, name country no

3. (a) PRINT FULL NAME MARY CAROLINE AIRHART

3. (b) If veteran, name war none

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25
year 1942 hour 9 minute 40 P. M.

4. Sex Female

5. Color or race white

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

6. (b) Name of husband or wife unkn

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased Sept. 5 - 1879
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 21 1942 April 25 1942
that I last saw her alive on April 25 1942
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>20</u>	hr. min.

Immediate cause of death myocarditis, chronic

Due to Thyroidectomy

Due to Toxic adenoma of Thyroid

Other conditions (Include pregnancy within 3 months of death) 63B

9. Birthplace near Blue Springs Nebraska
(City, town, or county) (State or foreign country)

10. Usual occupation House work

Major findings: Thyroidectomy

Of operations no

Of autopsy no

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

11. Industry or business at home

12. Name William Hardy

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

14. Maiden name Surretha Jane Johnson

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence no

(c) Where did injury occur? no
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
no

While at work? no (Specify type of place) (e) Means of injury no

23. Signature J. F. Mackey II (M.D. or other)
Address Independence Mo Date signed 4-27-42

16. (a) Informant Mrs. S. J. Hardy

(b) Address Independence Mo.

17. (a) Removal (b) Date thereof 7/28/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nebraska Iowa.

18. (a) Signature of funeral director George Barron

(b) Address Independence Mo.

19. (a) 4-27-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

Dr. J. T. Mackery
530 Professional Bldg

530

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 *Frank A. Korb*
Licensed Embalmer No. 2467
P. O. Address Indep. 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.