

FILED NOV 19 1942
Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 4192

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

1. PLACE OF DEATH:

(a) County Jackson,
Kansas City,

(b) City or town Kansas City,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Joseph Hospital, J
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days,
(Specify whether years, months or days)

In this community 8 years,

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 431 West 46th Street Terrace
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X. 0

3. (a) PRINT FULL NAME Mrs. Grace Freestone McDaniel,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Charles Thomas McDaniel 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased December 16 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>10</u>	<u>23</u>hr.min.

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

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Albert Freestone,

13. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

14. Maiden name Albertina Bennar,

15. Birthplace Unknown, 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Fred D. Blackburn,

(b) Address 2610 Cypress, Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 9th
year 1942 hour 1:10 minute P. M.

21. I hereby certify that I attended the deceased from 6/26 1941 to 11/9 1942
that I last saw her alive on 11/9 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis - 2 yrs

Due to Carcinoma of Rt Breast 3 yrs

Due to SD

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

Major findings: Adeno carcinoma of Rt Breast

Of autopsy carcinomatosis

PHYSICIAN SD

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?

While at work? SD (Specify type of place) (e) Means of injury SD

23. Signature M. M. Brown (M. D. or other) SD

Address 11035th Date signed 11/10/42

Dr. C. E. Virden,

Prof. 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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed E. M. Plank

Licensed Embalmer No. 1848

P. O. Address R. 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.