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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 5 1944

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

40870

State File No. 5393

Registration District No. 149 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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days (Specify whether years, months or days)

In this community Life

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 48

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

(d) Street No. Ambassador Hotel apt 422
(If rural, give location)

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

If yes, name country

**3. (a) PRINT FULL NAME** Miss Margarette Case

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 Single

6. (b) Name of husband or wife --

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

7. Birth date of deceased September (Month) 23 (Day) 1898 (Year)

8. AGE: Years 45 Months 2 Days 25 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business --

FATHER
12. Name Nathaniel Case
13. Birthplace Vincennes (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Anna May Frazee
15. Birthplace Hayland (City, town, or county) Missouri (State or foreign country)

16. (a) Informant C. W. Case
(b) Address Barger Texas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC-21-1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Moriah Cemetery

18. (a) Signature of funeral director D. W. Newcomer Jones
(b) Address 1401 Brush Creek Blvd

19. (a) 12-20-43 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec day 18th year 1943 hour 7 minute 50 M.

21. I hereby certify that I attended the deceased from Nov 30, 1943, to Dec 18, 1943, that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Pancreas

Due to

Due to 46g

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

Major findings:
Of operations Cancer of Pancreas

Of autopsy none

Duration

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 E. J. E. Evans (M.D. or other) M.D.

Address 911 Waldheim Bldg Date signed 12/20/43

(Licensed Embalmer's Statement on Reverse Side)

911 Waldheim Bldg VI-4430

## 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 H C Newcomer Jr

Licensed Embalmer No. 4043

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.**