. S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6351

State File No. 967

Registration District No. 1 49 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: Research Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution since 2-2-44 (Specify whether In this community all her life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. Lake Tapawingo (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MRS. MARY C. STRONG

3. (b) If veteran, name war no

3. (c) Social Security No. no.

4. Sex Female

5. Color or race wh

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

6. (b) Name of husband or wife E. J. Strong

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

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 54 Months Days If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation at home

11. Industry or business

FATHER
12. Name William English
13. Birthplace Missouri (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Hale
15. Birthplace West Virginia (City, town, or county) 1 (State or foreign country)

16. (a) Informant J. Arnot Strong

(b) Address Lake Tapawingo Blue Springs Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-31-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem

18. (a) Signature of funeral director Steve McClure

(b) Address 3235 Bellham Plaza KC Mo

19. (a) 2-29-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 28 year 1944 hour minute P. M.

21. I hereby certify that I attended the deceased from Nov 1, 1943, to Feb 28, 1944, that I last saw her alive on Feb 28, 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Ovary, Nectarsinus Ag to lung	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

49a

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 [illegible] (M. D. or other)

Address 820 Mo Bldg. Date signed

(Licensed Embalmer's Statement on Reverse Side)

Dr R C Davis
Pratt Blvd

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 John H Hurley

Licensed Embalmer No. 4050

P. O. Address Kansas City 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.