

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30057

FILED SEP 26 1944

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 3684

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:
207 West 73rd Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 25 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 42
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1827 East 67th Terrace 1
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME MRS. MARIE CRAFT

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 Widow
6. (b) Name of husband or wife Richard Craft 6. (c) Age of husband or wife if alive 1898 years
7. Birth date of deceased Feb 3 (Month) 1898 (Day) (Year)

8. AGE: Years 46 Months 7 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Stenographer

11. Industry or business U. S. Narcotic Bureau

12. Name Isaac Yarrington

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

14. Maiden name Cecelia Cannon

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

16. (a) Informant MRS. MARY ADAMSON

(b) Address 25 WEST 73RD TERR.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 15 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Durk and Tobin Co

(b) Address 20 West Linwood

19. (a) 9-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11th day Sept year 1944 hour 10:12 minute P M.

21. I hereby certify that I attended the deceased from Jan 2 1944 to Sept 11 1944.
that I last saw her alive on Sept 11 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of the uterus
Due to _____
Due to 48 hr

Other conditions (Include pregnancy within 3 months of death)

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 James M. Abraham (M. D. or other)
Address 518 Argyle Bldg Date signed Sept 12-44

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

MOTHER FATHER

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 Charles M. Durk

Licensed Embalmer No. 3774

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.