. S. No. 2
0M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26622

Registration District No. FILED SEP 1 1945 Primary Registration District No. 1002

Registrar's No. 3439

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: 4032 TROOST AVE. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 7 WEEKS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 1/8

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4032 TROOST AVE 8
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME MRS IDA. McFARLAND. THIEMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

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

6. (b) Name of husband or wife EDWARD D THIEMAN

6. (c) Age of husband or wife if alive 68 years

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

8. AGE: Years OMIT 60 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation HOUSEWIFE

11. Industry or business .....

FATHER
12. Name JAMES B McFARLAND.
13. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE HOUSER
15. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

16. (a) Informant Edward D. Thieman
(b) Address 4032 Troost Ave.

17. (a) BURIAL (b) Date thereof AUG 15 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation FOREST HILL

18. (a) Signature of funeral director H. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 8-16-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUGUST day 13th
year 1945 hour 10 minute 45A M.

21. I hereby certify that I attended the deceased from Feb. 1, 1945 to Aug 13, 1945; that I last saw her alive on Aug 13, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Edema of Lungs.

Due to .....

Due to .....

Other conditions Carcinoma of intestines
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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 James T Ferguson (M.D. or other) MD

Address 410 Bryant Bldg Date signed 8/14/45

(Licensed Embalmer's Statement on Reverse Side)

Bryant Baby - Gr. 1330

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 O Newcomer Jr.

Licensed Embalmer No. 404

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.