S. No. 2
OM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40076

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5067

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. O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community 50 years
years, months or days)

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")

(d) Street No. 1212 East 39th St. 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MISS MARY EGELSTON

3. (b) If veteran, name war xx

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife xx

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

7. Birth date of deceased November (Month) 24 (Day) 1867 (Year)

8. AGE: Years 78 Months 0 Days 15 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Dr. John Q. Egelston
13. Birthplace (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Rachael E. Fowler
15. Birthplace (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Miss Eleanor Halley
(b) Address 1212 East 39th St.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12-12-45 (Month) (Day) (Year)
(c) Place: burial or cremation Olathe, Kansas

18. (a) Signature of funeral director J. W. Wagner
(b) Address Kansas City, Mo.

19. (a) 12-10-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1945 hour 11:00 minute P. M.

21. I hereby certify that I attended the deceased from July, 1942, to Dec 9, 1945
that I last saw her alive on Dec 9, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Senility	
Due to Contributary — Fractured Cap Femur	
Due to as the neck —	Dec 7, 1945
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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) Accident

(b) Date of occurrence 12-7-45 12.3

(c) Where did injury occur? K. C. Jackson, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home (Specify type of place)

While at work? no (e) Means of injury fall

23. Signature Carl K Ferris (M. D. or other)

Address 934 Argyle Bldg Kansas City Mo Date signed Dec 10, 1945

(Licensed Embalmer's Statement on Reverse Side)

Argyle
VI-8227

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 Cecil R. Matthes

Licensed Embalmer No. 3807

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.