

FILED APR 10 1946

Registration District No. 149

Primary Registration District No. 1002

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:
3411 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 22 YEARS (Specify whether
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. 3411 South Benton 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Lillian V. Small
3. (b) If veteran, name war No
3. (c) Social Security No. 489-24-4528

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 27th
year 1946 hour 9 minute 30 A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mr. Joseph L. Small
6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased July 8 1905
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 1945, to Mar 27 1946
that I last saw her alive on March 27 1946; and that death occurred on the date and hour stated above.

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|----------|-----------|----------------------|
| | <u>40</u> | <u>8</u> | <u>19</u> | hr. min. |

Immediate cause of death Carcinoma toxis
Due to Carcinoma of Stomach & metastasis to ovaries
Due to & Extensive emphysema
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 46
Of autopsy As above

9. Birthplace Chicago Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Peter Simon Kieran
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Katherine Boyle
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant MR. JOSEPH L. SMALL
(b) Address 3411 SOUTH BENTON
17. (a) Burial (b) Date thereof MAR. 30 1946
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial of cremation Forest Hill Cemetery

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 Dr. E. Miller (M.D. or other) MD
Address St. Luke Hospital Date signed 3/28/46

18. (a) Signature of funeral director A. H. Deussen's son
(b) Address 1401 Brush Creek Blvd.
19. (a) 3-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

8698

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 *Ellen Worley*
Licensed Embalmer No. 1767
P. O. Address Kansas City

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.