S. No. 2
OM—5-43
v. 5-17-39
1 X36671

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

15737

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1946

State File No. 16855

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2320

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: 926 Paseo 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 Lifetime
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. 926 Paseo 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME IVA MARIE SPEED

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. 487-16-8315

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife F. H. Speed

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Feb. (Month) 17 (Day) 1911 (Year)

8. AGE: Years 35 Months 3 Days 6 If less than one day ..... hr. ..... min.

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

10. Usual occupation Housekeeper

11. Industry or business .....

FATHER
12. Name John C. Gillis
13. Birthplace Iowa
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Nevada Martin
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant F. H. Speed
(b) Address 926 Paseo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Mrs. C. L. Forster
(b) Address K. C. Mo.

19. (a) 5-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23 year 1946 hour 7 minute 40 P.M.

21. I hereby certify that I attended the deceased from April 17, 1946, to May 23, 1946, that I last saw her alive on May 23, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus — Duration 2 yrs.

Due to .....

Due to .....

Other conditions 48 B
(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) .....

(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 D. M. Vigas (M. D. or other) M.D.
Address 925 Argyle Bldg Date signed 5-24-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. B. M. [illegible]
Argyle Bldg.
Ha 2388
11.30 1.5 PM

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 Joe B. Yoder

Licensed Embalmer No. 4173

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.