

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1946
Registration District No. 15 Primary Registration District No. 5572 Registrar's No. 68

1. PLACE OF DEATH
(a) County Jackson
(b) City or town LITTLE BLUE Rural Precinct
(c) Name of hospital or institution Jackson Emergency Hosp
(d) Length of stay in hospital or institution 1 week 1 1/2 days
In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town RAY TOWN
(d) Street No. P. R. # 3, KANSAS CITY
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Mary Parks
(b) If veteran, name war No
(c) Social Security No. NONE

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr day 23
year 1946 hour One minute 3 P.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, married
(b) Name of husband or wife Elmer Raines
6. (c) Age of husband or wife if ally 69 years
7. Birth date of deceased Oct 9 1877

21. I hereby certify that I attended the deceased from 1 week 1946 to April 19 1946
that I last saw her alive on April 19 1946
and that death occurred on the date and hour stated above.
Immediate cause of death Acute Cardiac Dilatation

8. AGE: Years 68 Months 5 Days 14

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

9. Birthplace Jackson Co Mo

10. Usual occupation Housewife

11. Industry or business HOUSEWIFE

12. Name George Beck

13. Birthplace Germany

14. Maiden name UNKNOWN

15. Birthplace Germany

16. (a) Informant Elmer Raines
(b) Address Raytown Mo

17. (a) BURNED (b) Date thereof APR 26 1946
(c) Place: burial or cremation GREEN LAWN CEMETERY KANSAS CITY, MISSOURI

18. (a) Signature of funeral director O. H. Newcomer
(b) Address KANSAS CITY, MISSOURI

19. (a) 4/25/46 (b) [Signature]

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place)
23. Signature of W. J. Tuttle (M. D. or other)
Address Blue Springs Mo Date signed 4/27/46

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

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