

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

20163

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2550

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution:  
General Hospital No. 10  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mos. 24 days  
(Specify whether years, months or days)

In this community 2 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. 721 Cypress 8  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mary Bones

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband James J.

6. (c) Age of husband or wife if alive 18620 years

7. Birth date of deceased Dec 25 (Month) 18620 (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>5</u>	<u>13</u>	hr. min.

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

10. Usual occupation Home maker

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name James Johnson

13. Birthplace Ill (City, town, or county) (State or foreign country)

14. Maiden name McClus Clark

15. Birthplace Ill (City, town, or county) (State or foreign country)

16. (a) Informant Leo Ramsey

(b) Address 716 Peppers

17. (a) Burial (Burial, cremation, or other) (b) Date thereof June 11-46 (Month) (Day) (Year)

(c) Place: burial or cremation Hale 760

18. (a) Signature of funeral director E. J. Blackman

(b) Address 2825 Independence Blvd.

19. (a) 6-10-46 (Date received local registrar)

(b) A. Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8 year 1946 hour 5 minute 32 P.M.

21. I hereby certify that I attended the deceased from February 15, 1946 to June 8, 1946 that I last saw her alive on June 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cervix, perinephritis abscess, pyelonephritis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) 480

Major findings: Of operations \_\_\_\_\_

Of autopsy See above

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 0

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 6-10-46

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

*D. C.*

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**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..... *Clarence H. Childs* .....

Licensed Embalmer No. *3473* .....

P. O. Address *Kc 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.**