

S. No. 2
M-5-43
v. 5-17-39
I X36671

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

State File No. **20468**
2889
Registrar's No.

FILED JUL 10 1946
Registration District No. **149**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital**
(d) Length of stay: **72 hrs**
In this community **72 yrs**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **7420 E 14th**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **MOLLIE PECTOR**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **6** day **26**
year **1946** hour **6:50** minute **0** M.
21. I hereby certify that I attended the deceased from **2 weeks** 19 **46**, to **19 46**;
that I last saw him **alive** on **19 46**;
and that death occurred on the date and hour stated above.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jefferson**
6. (c) Age of husband or wife if alive **46** years
7. Birth date of deceased **4-6-1874**

Immediate cause of death **Coronary sclerosis**
Due to **arterio sclerosis**
Due to

8. AGE: Years **72** Months **2** Days **20**
If less than one day **hr. min.**

9. Birthplace **Jackson Mo**

10. Usual occupation **Housewife**

11. Industry or business **Home**

12. Name **Upton**

13. Birthplace **Upton**

14. Maiden name **Upton**

15. Birthplace **Upton**

16. (a) Informant **Leth S. Pacy**

(b) Address **Commerce Bldg**

17. (a) **Burial** (b) Date thereof **7-1-46**

(c) Place: burial or cremation **Indy college**

18. (a) Signature of funeral director **J. S. Pacy**
(b) Address **Kansas City Mo**

Other conditions (Include pregnancy within 3 months of death) **94a**

Major findings:
Of operations
Of autopsy **History & Inspection**

22. If death was due to external causes, 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?

23. Signature **James Walker** (M. D. or other)

Address **1944 1/2 St** Date signed **6-27-46**

Duration
Physician
Underline the cause to which death should be charged statistically.

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.....

J. P. Scheid

Licensed Embalmer No. *3625*

P. O. Address. *Y. 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.