

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20579

State File No.

Registrar's No. **2454**

FILED JUN 20 1946

Registration District No. **199**

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:
4010 Woodland Avenue,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 year years, months or days)

3. (a) PRINT FULL NAME Mrs. Mary Lucinda Weller
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 Widowed
6. (b) Name of husband or wife Jake Weller 6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased June 20th 1862
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 11 13 hr. min.

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

10. Usual occupation None

11. Industry or business At Home

MOTHER FATHER

12. Name Austin DeLong
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
14. Maiden name Ann McMahon
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Arnold H. Fry

(b) Address 4010 Woodland Avenue, K.C., Mo

17. (a) Removal (b) Date thereof June 3rd, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Falls City, Nebraska.

18. (a) Signature of funeral director R. H. Newcomer Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 6-3-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Nebraska (b) County Richardson **997**
(c) City or town Falls City **25**
(If outside city or town limits, write "RURAL") **0**
(d) Street No. ----- (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) **21**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd
year 1946 hour 10 minute 00 A.M.

21. I hereby certify that I attended the deceased from June 3rd 1946
to June 3rd 1946
that I last saw her alive on 6-3-46 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 hour

Due to Atherosclerosis **20 yrs.**

Due to Hypertension **25 yrs.**

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 830

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Tom Japer (M. Dear other) _____
Address 3034 Harrison Date signed _____

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

30349121212121

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 E. Oscar Northey

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.