S. No. 2
M—5-43
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I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27377

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3627

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Wheatly Provident Hospital 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 weeks (Specify whether years, months or days)
In this community 16 years

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. 2303 Park Ave. 8 (If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Louise L. Starling
3. (b) If veteran, name war no
3. (c) Social Security No. 489-30-6645
4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ... years
7. Birth date of deceased Sept. (Month) 12 (Day) 1895 (Year)

8. AGE: Years 50 Months 11 Days 7 If less than one day ... hr. ... min.

9. Birthplace Duluth (City, town, or county) Minn. (State or foreign country) 1
10. Usual occupation Cafeteria Manager
11. Industry or business
FATHER
12. Name Don't Know 0
13. Birthplace Don't Know (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know (City, town, or county) (State or foreign country) 9
16. (a) Informant Mary Louise Hinton
(b) Address 4327 Washington
17. (a) ... (Burial, cremation, or removal) (b) Date thereof Aug 26, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director West, Appleton & Jones
(b) Address 1905 Vine St
19. (a) 8-31-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 19 year 1946 hour 9:40 min. a.m. p.m.
21. I hereby certify that I attended the deceased from June 3, 1946, to August 19, 1946 that I last saw her alive on August 19, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
(1) Carcinoma Right Breast	
(2) Bronchial Asthma (Intractable)	
Due to (3) Hypostatic Pneumonia	
Due to	
Other conditions 50 (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ulcerocarcinoma Rt Breast
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 0
23. Signature Rogaee A. Fleming M.D.
Address 1830 Vine St Kansas City Mo. Date signed Aug. 28, 1946

(Licensed Embalmer's Statement on Reverse Side)

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 C. H. Heat

Licensed Embalmer No. 2710

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.