

S. No. 2  
M-5-43  
7-5-17-39  
P I X36671

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

30198

State File No. \_\_\_\_\_

FILED SEP 16 1946  
149

Registrar's No. 3823

Registration District No. \_\_\_\_\_ Primary Registration District No. 1001

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:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 20 yrs. (Specify whether  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2427 Prospect (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

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

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month September day 5,  
year 1946 hour 10: minute 40 P. M.  
21. I hereby certify that I attended the deceased from September  
3, 1946 to September 5, 1946  
that I last saw her alive on September 5, 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race Negro  
6. (a) Single widowed, married, divorced, Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years  
7. Birth date of deceased September 15, 1907  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_  
Adenocarcinomatosis Breast (right)  
with metastasis to thorax and lungs  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>38</u>	<u>11</u>	<u>20</u>	hr. _____ min.

Other conditions Mastectomy in 1945 (left)  
(Include pregnancy within 3 months of death)  
Major findings:  
Of operations \_\_\_\_\_ 50  
Of autopsy \_\_\_\_\_

9. Birthplace Sedalia Missouri  
(City, town, or county) (State or foreign country)  
10. Usual occupation Maid (Hotel)  
11. Industry or business \_\_\_\_\_  
12. Name Henry Christin  
13. Birthplace California Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Mattie Smith  
15. Birthplace Oleando Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Christin (Brother)  
(b) Address 2010 E. 27th  
17. (a) Burial (b) Date thereof 9-9-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Sedalia Mo.  
18. (a) Signature of funeral director G. J. ...  
(b) Address 2000 E. 13th St. K.C. Mo.  
19. (a) 7-7-46 (b) Gertrude Holmes  
(Date received local registrar) (Registrar's signature)

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 [Signature] (M. D. or other) \_\_\_\_\_  
Address General Hospital No. 2 Date signed 9/6/46

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

29033

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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..... *J. T. Moore* .....

Licensed Embalmer No. *946* .....

P. O. Address.....

**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.**