

No. 2
-12-45
5-17-39
X47070

FILED OCT 8 1946

Registration District No. 197 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:
4911 WALNUT STREET 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 54 YEARS years, months or days)

3. (a) PRINT FULL NAME MRS. MARY FLORENCE MUNSON

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex FEMALE 5. Color or race WHITE

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

(b) Name of husband or wife MR. CLARK L. MUNSON

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased MAY 30 1892
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>54</u>	<u>3</u>	<u>23</u>	hr. _____ min. _____

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

10. Usual occupation HOUSEWIFE

11. Industry or business _____

MOTHER FATHER {

12. Name CHARLES O MOOR

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

14. Maiden name ROSE MARY RIEFFEL

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

16. (a) Informant Clark L. Munson

(b) Address 4911 Walnut Street

17. (a) BURIAL (b) Date thereof SEPT-26-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director A. H. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 9-25-46 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

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. 4911 WALNUT STREET
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 23
year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Sept 28
1946 to Sept 23 1946
that I last saw her alive on Sept 23 1946
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Coccyary thrombosis Duration 1 yr

Due to arterial sclerosis 2 yrs

Due to Hypertension 2 yrs

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

Major findings: _____

Of operations 94a

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 _____

23. Signature Dr. H. H. ... (M. D. or other) M.D.
Address 925 Angelle Bldg 11C Date signed 9-24-46

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

723
11:30-5:00
[redacted]
[redacted]

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 Bernard L. Jones
Licensed Embalmer No. 4250
P. O. Address ACMO

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.