

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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4801**
Registrar's No. **512**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Luke's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 Hours**
In this community **35 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **MRS. MAYME R. DISNEY**
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 **Married**
6. (b) Name of husband or wife **Howard W. Disney**
6. (c) Age of husband or wife if alive **50** years
7. Birth date of deceased **October 3rd, 1896**
(Month) (Day) (Year)

8. AGE: Years **50** Months **4** Days **0**
If less than one day hr. min.

9. Birthplace **Galena Kansas**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business

MOTHER FATHER

12. Name **Edward Slagle**
13. Birthplace **Linwood Kansas**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Howard W. Disney**
(b) Address **1908 Federal Avenue, Kansas City**

17. (a) **Burial** (b) Date thereof **2-5-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mount Washington Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**

(b) Address **104 West 42nd, St. Kansas City, Mo.**

19. (a) **2-4-47** (b) **Geraldine Holmes**
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Kansas** (b) County **Wyandotte**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **1908 Federal 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 **February** day **3rd.**
year **1947** hour minute M.

21. I hereby certify that I attended the deceased from **9-15-46**
19. to **2/3** 19. **47**
that I last saw h. **a** alive on **2/3** 19. **47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Coronary Failure 6 hrs -**

Due to **Mitral Heart Disease**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **as above**

Of autopsy **None**

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 a) about home, on farm, in industrial place, in public place?

(Specify type of place)

While at work (e) Means of injury

23. Signature **John Casford** (M. D. or other)

Address **1221 Plaza Medical Bldg** 7/3/47

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

