

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County JACOBSON
 (b) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 801- EAST-42ND 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 28 YEARS years, months or days)

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. 801- EAST-42ND STREET 8
 (If rural, give location) 0
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Mrs. MARY ANNEN STORES

3. (b) If veteran, name war No
 3. (c) Social Security No. NONE
 481-10-9996

4. Sex FEMALE 5. Color or race WHITE
 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife MR. THOMAS R. STORES
 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased NOVEMBER-7-1874 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	72	3	28	hr. min.

9. Birthplace LEBANON MISSOURI (City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business

12. Name GEORGE T. AYCOCK

13. Birthplace ROME GEORGIA (City, town, or county) (State or foreign country)

14. Maiden name MARY L. BUCHANAN

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

16. (a) Informant Mrs. MARY ELIZABETH OWENS

(b) Address 801 E 42 STREET

17. (a) BURIAL (b) Date thereof MARCH 7 1947 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

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

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 3-6-47 (b) A. W. Holmes (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 5 TH year 1947 hour 8 minute 15 A.M.

21. I hereby certify that I attended the deceased from over 2 yrs. 19 to 3-5 1947

that I last saw her alive on march 4 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Greencomper's of heart Duration

Due to Myocarditis

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____

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 _____ (M. D. or other)

Address _____ Date signed 3-5-47

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

MOTHER FATHER

4111
1-4-38
Carpenter & Bell

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. Loran*

Licensed Embalmer No. *4250*

P. O. Address..... *N.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.