

U.S. No. 2
 FORM—5-43
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DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS
FILED MAY 5 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13457**
 Registrar's No. **1800**

Registration District No. **149**

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:
3035 EUCLID AVENUE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community **25 yrs.**
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. **3035 EUCLID AVENUE**
(If rural, give location)
 (e) Citizen of foreign country? **no** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **MRS. MARY J. GEORGE**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **April** day **20TH**
 year **1947** hour **12:10** minute **A.** M.

4. Sex **female** 5. Color or race **white**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **MR. James L. George**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **August 24, 1860**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
Feb 1 - 1947 to Apr 20 - 1947
 and that death occurred on the date and hour stated above.

8. AGE: Years **86** Months **7** Days **29**
Day If less than one day _____ hr. _____ min.

Immediate cause of death **Myocarditis**
 Due to **Atherosclerosis**
 Due to **Arterial Hypertension**
 Other conditions **General Senile Conditions**
(Include pregnancy within 3 months of death)

9. Birthplace **Randolph Co. Mo.**
(City, town, or county) (State or foreign country)
10. Usual occupation **at home**

11. Industry or business
12. Name **J. B. MARTIN**
13. Birthplace **Randolph Co. Mo.**
(City, town, or county) (State or foreign country)
14. Maiden name **Sally Ann Stephens**
15. Birthplace **Monroe Co. Mo.**
(City, town, or county) (State or foreign country)

Major findings:
 Of operations **920**
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. C. L. Creep**
(b) Address **3035 Euclid**
17. (a) Removal **(b) Date thereof** **4-21-47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Waverly, Mo.**

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 **2**

18. (a) Signature of funeral director **D. V. Newberry's son**
(b) Address **1401 BRUSH CREEK BLYD.**
19. (a) 4-21-47 **(b) Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **A. M. Atkins D.D.**
Address **458 Lee Bedy April 21, 1947**

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

MOTHER FATHER

The Body of [Name] & E

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 *D. D. Nolsinger*

Licensed Embalmer No. *13938*

P. O. Address *Kansas City, 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.