

S. No. 2
DM-5-43
v. 5-17-39
p. 1 X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 20 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17298
Registrar's No. 2031

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Rockhill Manor
(d) Length of stay: 10 years
In this community 10 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 43rd & Locust
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Marguerite C. Andrews
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 6
year 1947 hour 17 minute 35 P.M.
21. I hereby certify that I attended the deceased from Feb 18
to May 30 1947
that I last saw her alive on April 30 1947
and that death occurred on the date and hour stated above.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced, widow
7. Birth date of deceased: Jan 9 1876
(Month) (Day) (Year)

Immediate cause of death: Coronary Arteriosclerosis
Due to Hypertension
Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings: 97
Of operations:
Of autopsy:
Duration:
PHYSICIAN:
Underline the cause to which death should be charged statistically.

8. AGE: Years 71 Months 03 Days 22
9. Birthplace: Michigan
10. Usual occupation: Housewife

MOTHER FATHER
11. Industry or business:
12. Name: Albert H. Constock
13. Birthplace: Michigan
14. Maiden name: Elizabeth Hadley
15. Birthplace: Michigan
16. (a) Informant: Mrs John Madden
(b) Address: Rockhill Manor
17. (a) Removal (b) Date thereof: 6/6/47
(c) Place: burial or removal: Cincinnati Ohio
18. (a) Signature of funeral director: Anne McClure
(b) Address: Kansas City Mo
19. (a) 5-7-47 (b) [Signature] (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: H. L. [Signature] (M. D. or other)
Address: R. C. 2 Mo Date signed: 7/7/47

By: [Signature]
and Acting on Body.

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. Blair Sheppard*
Licensed Embalmer No. *4179*
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.