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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
FILED APR 24 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1628

Registration District No. 249

Primary Registration District No. 1002

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution Kansas City General Hosp  
(d) Length of stay: In hospital or institution 48 days  
In this community 48 years

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Burlingame  
(d) Street No. 1700 - Oakland  
(e) Citizen of foreign country? No

3: (a) PRINT FULL NAME MARY AMES  
3: (b) If veteran, name war \_\_\_\_\_  
3: (c) Social Security No. \_\_\_\_\_  
4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Clifford Ames  
6. (c) Age of husband or wife if alive Dec years  
7. Birth date of deceased Nov 1 1879

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 4 day 12  
year 1948 hour 4 minute 25 P.M.  
21. I hereby certify that I attended the deceased from  
that I last saw him alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

8. AGE: Years 70 Months 5 Days 11  
If less than one day hr. min.

Immediate cause of death Bronchopneumonia  
Due to 3° Burns 1/3  
Due to Body surface  
Other conditions Deputy Coroner  
Major findings: History & Inspection

9. Birthplace Springfield Mo  
10. Usual occupation Housewife  
11. Industry or business \_\_\_\_\_  
12. Name Wm Taylor  
13. Birthplace Ark  
14. Maiden name Elizabeth Evans  
15. Birthplace Springfield Mo  
16. (a) Informant Curtis Jordan  
(b) Address Kansas City Mo  
17. (a) \_\_\_\_\_ (b) Date thereof April 15-48  
(c) Place: burial or cremation Wash Washington  
18. (a) Signature of funeral director John P. Smith  
(b) Address Kansas City Mo  
19. (a) 4-14-48 (b) Geraldine Holmes

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide? Accident  
(b) Date of occurrence 4/14/48  
(c) Where did injury occur? Kansas City Mo  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? No (Specify type of place) \_\_\_\_\_  
(2) Means of injury Burns  
23. Signature A. E. Wheeler (M. D.)  
Address 2800 1/2 Main Date 4/14/48

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

MOTHER FATHER

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**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. P. Sheel*

Licensed Embalmer No. *3625*

P. O. Address *K. e. 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.**