No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 33108

Registrar's No. 3983

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6942 Mont Gall (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 3 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48 3
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 0
(d) Street No. 6942 Mont Gall (If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARY E. SHULL SOLOMON

3. (b) If veteran, name war no

3. (c) Social Security No. None

4. Sex Female

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Willis F. Solomon

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July (Month) 14 (Day) 1871 (Year)

8. AGE: Years 77 Months 2 Days 16 If less than one day ..... hr. ..... min.

9. Birthplace Benton County (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Housewife

11. Industry or business 0

FATHER
12. Name HENRY SHULL
13. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name ELVIRA SWANN
15. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS EDWARD MELSTROM
(b) Address 6942 Mount Gall

17. (a) ~~Removal~~ Burial (Burial, cremation, or removal) (b) Date thereof 10/2/48 (Month) (Day) (Year)
(c) Place: burial or cremation Sedalia, Mo

18. (a) Signature of funeral director Duane Ewing
(b) Address Sedalia Mo

19. (a) 9-30-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1948 hour 6:00 minute A.M.

21. I hereby certify that I attended the deceased from August 10, 1948 to Sept. 29, 1948 that I last saw her alive on Aug Sept 28, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	2 wks
Due to Hypertension	
Due to —	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations — 83B
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? — (Specify type of place)
While at work? — (e) Means of injury —

23. Signature [illegible] (M. D. or other)
Address 227 E 55, KC Mo Date signed 9-30-48

(Licensed Embalmer's Statement on Reverse Side)

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 Warren K Dietz

Licensed Embalmer No. 4583

P. O. Address Sedalia, Missouri

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.