

FILED JUL 18 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23700  
State File No. 2739  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>2 3 yrs</u>		c. CITY OR TOWN <u>Kansas City</u> d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>110 E 80th St Terrace</u>		e. STREET ADDRESS (If rural, give location) <u>110 E 80th St Terrace</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Mary Elizabeth</u> b. (Middle) <u>Farr</u> c. (Last) <u>Farr</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 22 1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>9-24-1913</u>
9. AGE (in years last birthday) <u>42</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>De Kalb Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>		13a. FATHER'S NAME <u>Henry Harris</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Ogden Thomas</u>
14. NAME OF HUSBAND OR WIFE <u>Frank Farr</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Frank Farr</u>		ADDRESS <u>110 E 80th St Terrace</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Ca of Lung</u> DUE TO (c) <u>Ca of Breast</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>One da</u> <u>6 mo</u> <u>170X</u>		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>May 12</u> , 19 <u>53</u> , to <u>June 22</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>June 18</u> , 19 <u>56</u> , and that death occurred at <u>6:00 a. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE OF VA <u>Oswald J. Needels M.D.</u> (Degree or title) D		23b. ADDRESS <u>7400 Wornall Mo. Co.</u>	
23c. DATE SIGNED <u>June 23, 1956</u>		24a. LOCATION (City, town, or county) (State) <u>Parkville Missouri</u>	
24b. DATE 24c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		24d. DATE REC'D BY LOCAL REG. <u>6-23-56</u> REGISTRAR'S SIGNATURE <u>neva munsell</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>France-Wornall Funeral Home</u>		ADDRESS <u>France-Wornall Funeral Home</u>	

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Russell N. Francis*

Licensed Embalmer No. *425*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.