

FILED AUG 9 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3196

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: Research Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 days  
(Specify whether years, months or days) In this community 35 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ja 48  
(c) City or town K.C. Missouri 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4226 Highland 8  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Mary E. Servos

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Claude Servos 6. (c) Age of husband or wife if alive 59 years  
7. Birth date of deceased Sept 2 1890  
(Month) (Day) (Year)

8. AGE: Years 55 Months 10 Days 19 If less than one day hr. min.

9. Birthplace Deerfield Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John J. Taylor /  
13. Birthplace Frankfort Ky. /  
(City, town, or county) (State or foreign country)  
14. Maiden name Lucy M. Knox  
15. Birthplace Quincy Ill /  
(City, town, or county) (State or foreign country)

16. Informant Claude W. Servos

(b) Address 4226 Highland K.C. Mo

17. (a) Burial (b) Date thereof 7-23-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem K.C. Mo

18. (a) Signature of funeral director Sumner

(b) Address 15 E 15

19. (a) 7-22-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 21  
year 46 hour 7:30 minute a.M.  
21. I hereby certify that I attended the deceased from 6-28-46  
to 7-20, 1946.  
that I last saw her alive on 7-20, 1946:  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure  
Due to secondary to - Suspected  
Carcinoma of the return

Other conditions None  
(Include pregnancy within 5 months of death)

Major findings: Of operations Carcinoma of return  
Of autopsy External carcinoma of return

22. 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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature J. W. Green (M. D. or other M.D.)  
Address Prof. Sledge K.C. Mo Date signed 7-22-46

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

2265b

**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 H. Simon

Licensed Embalmer No. 3903

P. O. Address K C H

**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.**