

REG'D JAN 13 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

41850
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 4916
 (c) City Kansas City (d) Street No. St. Joseph Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Betty Jane Duffy

(a) Residence, No. 3231 Broadway St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21, 1918

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
20 1 26

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Barlesville Okla (STATE OR COUNTRY)

FATHER 13. NAME Cyrus G Duffy

14. BIRTHPLACE (CITY OR TOWN) Vermillion (STATE OR COUNTRY) Kansas

MOTHER 15. MAIDEN NAME Jane Harrell

16. BIRTHPLACE (CITY OR TOWN) Green Castle (STATE OR COUNTRY) Indiana

17. INFORMANT Mrs. Cyrus G. Duffy (ADDRESS) 3231 Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Moriah DATE Dec 19, 1938

19. FUNERAL DIRECTOR (NAME) J. W. Wagner (ADDRESS) Kansas City MO.

20. FILED Dec 19, 1938 M. M. Brown Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 17, 1938

22. I HEREBY CERTIFY, that I attended deceased from Jana 7th, 1938, to Dec 17, 1938

I last saw h.e.r. alive on Dec 17, 1938. Death is said to have occurred on the date stated above, at 4.00 a.m.

The principal cause of death and related causes of importance were as follows:

Toxic nodular carcinoma of the liver
124B

Name of operation none Date of Je
 What test confirmed diagnosis clinical Was there an autopsy? Je

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) Vinton Hans Bergemann, M. D.
 (Address) 818 Jefferson Bldg

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. I X16625

Prof. [unclear]

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.