

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **37871**
Registrar's No. **4469**

Registration District No. **399** Primary Registration District No. **1002**

RECEIVED DEC 11 1940

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **St. Joseph Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mo., 19 days**
In this community **4 months**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Miss Gertrude Grady**

3. (b) If veteran, name war **XX** 3. (c) Social Security No. **No**

4. Sex **Fe** 5. Color or race **Wh** 6. (a) Single, widowed, married, divorced **Sgl**

6. (b) Name of husband or wife **XX** 6. (c) Age of husband or wife if alive **XX** years

7. Birth date of deceased **February 18 1885**
(Month) (Day) (Year)

8. AGE: Years **55** Months **9** Days **4** If less than one day hr. min.

9. Birthplace **Denver Colorado**
(City, town, or county) (State or foreign country)

10. Usual occupation **Stenographer**

11. Industry or business **Bond Co. Chicago, Ill.**

12. Name **Thomas Grady**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Fitzgerald**

15. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. John Corrigan**

(b) Address **3500 Broadway**

17. (a) **Burial** (b) Date thereof **11-25-40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Mary's Cem.**

18. (a) Signature of funeral director **J. M. Wagner**

(b) Address **Kansas City, Mo.**

19. (a) **11-24-40** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3500 Broadway**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **22**
year **1940** hour **10:00** minute **A** M.

21. I hereby certify that I attended the deceased from **Oct 6**
1940, to **Nov 22**, **1940**
that I last saw her alive on **Nov 22**, **1940**
and that death occurred on the date and hour stated above.

Immediate cause of death **Ascending Pyelonephritis** Duration

Due to **Carcinoma urinary bladder**

Due to **1940**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **Ascending Pyelonephritis**
Carcinoma of bladder

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? _____

While at work? _____ (Specify type of place) (e) Means of injury **D**

23. Signature **R. L. Pappert** (M. D. or other) _____

Address **1221 North 1st St. St. Louis** Date signed **11/23/40**

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

11-1

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 *A. R. Haunschuld*

Licensed Embalmer No. *4159*

P. O. Address *K. C. 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.