

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **41538**  
Registrar's No. **4131 4324**

**REC'D JAN 8 1941**  
Registration District No. **399**

Primary Registration District No. **1002**

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

**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: **K.C. General Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **16 days**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

**3. (a) PRINT FULL NAME** **MARGARET VINER**  
**3. (b) If veteran,** **No** **3. (c) Social Security**  
name war. \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** **Female** **5. Color or race** **White**  
**6. (a) Single, widowed, married, divorced** **Married**  
**6. (b) Name of husband or wife** **William** **6. (c) Age of husband or wife if alive** **About 72** years  
**7. Birth date of deceased** **Unknown**  
(Month) (Day) (Year)

**8. AGE:** Years **70** Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

**9. Birthplace** **Unknown** (City, town, or county) (State or foreign country)  
**10. Usual occupation** **Housewife**

**11. Industry or business** \_\_\_\_\_  
**MOTHER FATHER**  
**12. Name** **Unknown**  
**13. Birthplace** **Unknown** (City, town, or county) (State or foreign country)  
**14. Maiden name** **Unknown**  
**15. Birthplace** **Unknown** (City, town, or county) (State or foreign country)

**16. (a) Informant** **Wm. Viner**  
**(b) Address** **2711 E 70th St**  
**17. (a) Burial** (Burial, cremation, or removal) **(b) Date thereof** **Dec. 19, 1940**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Calvary**  
**18. (a) Signature of funeral director** **Quirk & Tobin**  
**(b) Address** **Kansas City, Missouri**  
**19. (a) 12-18-40** (Date received local registrar) **(b) M. M. Brown** (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")  
**2711 East 70th St.**  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **Dec.** day **16th**  
year **1940** hour **8** minutes **25 P.** M.

**21. I hereby certify that I attended the deceased from** **11-30-40**, 19\_\_\_\_, to **12-16-40**, 19\_\_\_\_;  
that I last saw her alive on **12-16-40**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary atelectasis and pulmonary abscess**  
Due to **n. m. o.**  
Due to \_\_\_\_\_

Other conditions **Acute pulmonary edema and congestion**  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **See above**

**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)  
(a) Means of injury **1**  
**23. Signature** **Drury R. Thore** (M. D. or other)  
**Med. Director K.C. Gen. Hospital**  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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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.....

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed

*Maurice A. Zwick*

Licensed Embalmer No. ....

3634

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.**