2
40
39
23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 27 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23688

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2753

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: Resarch Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days (Specify whether
In this community five years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999 14
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3050 North 33rd
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 2 years.

3. (a) PRINT FULL NAME Esther Muller Wyrick
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race white
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marvin Wyrick
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased October (Month) 21 (Day) 1900 (Year)

8. AGE: Years 41 Months 8 Days 27 If less than one day ___ hr. ___ min.

9. Birthplace Ira (City, town, or county) Michigian (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Rev. C. L. Muller
13. Birthplace Emebith (City, town, or county) Md. (State or foreign country)
MOTHER
14. Maiden name Louise Sthmid
15. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Marvin Wyrick
(b) Address 3050 North 33rd K. C. K.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-20-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Charles Missouri
18. (a) Signature of funeral director R. A. Fulton
(b) Address 1319 North 18th K. C. K.
19. (a) July 18 1942 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18
year 1942 hour ___ minute A. M.
21. I hereby certify that I attended the deceased from 7-3-42, 19__, to 7-18-42, 19__;
that I last saw her alive on July 17, 1942;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Rupture of Aneurysm left internal carotid artery, intracranial.	
~~Due to~~ probably congenital aneurysm	
Due to 96	
Other conditions Optic atrophy from above (Include pregnancy within 3 months of death)	6 mo.
Major findings: Of operations Intracranial aneurysm beneath left optic nerve and chiasm.	
Of autopsy none	

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?
(Specify type of place)
While at work (e) Means of injury
23. Signature Frank R Leashenet (M. D. or other) D.M.D.
Address 1103 Grand Avenue, City Date signed 7-18-42

(Licensed Embalmer's Statement on Reverse Side)

361

JUL 9 1945

AUG 30 1955

MAY 10 1955

NOV 15 1955

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 Ralph A. Fulton

Licensed Embalmer No. 3203

P. O. Address 1319 North 18th Kansas City Kan

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.