

S. No. 2
M-2-4
5-17-3
X33697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30807**
Registrar's No. **3807**

Registration District No. **149** 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
(c) Name of hospital or institution: 5420 Virginia
(d) Length of stay: 22 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5420 Virginia
(e) Citizen of foreign country? Yes

3. (a) PRINT FULL NAME MRS. JENNIE J. LOFTUS
3. (b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 1, year 1943 hour 7 minute 0 M.
21. I hereby certify that I attended the deceased from July 22 1943 to Sept. 1 1943 that I last saw her alive on Aug. 31 1943 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
6. (b) Name of husband or wife Martin
6. (c) Age of husband or wife if alive years
7. Birth date of deceased September 21, 1858

Immediate cause of death Cardiac decompensation
Myocardial infarction
Due to 10/4
Due to 10/4

8. AGE: Years Months Days If less than one day
84 11 10 hr. min.

Other conditions Procture left hip
(Include pregnancy within 3 months of death)

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

10. Usual occupation Housewife

11. Industry or business

12. Name Daniel Hart

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

14. Maiden name Katherine Mahoney

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

16. (a) Informant Miss Marie Loftus

(b) Address 5420 Virginia

17. (a) Burial (b) Date thereof 9/4/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Quirk & Polin Co.
(b) Address 20 W. Linwood, K.C. Mo.

19. (a) 9-3-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations no
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident
(b) Date of occurrence July 22, 1943
(c) Where did injury occur? Home
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Home (Specify type of place) (e) Means of injury Accidental
23. Signature H. E. Brown Date signed 9-2-43

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

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

Harold Ross

Licensed Embalmer No.

2810

P. O. Address

14. C. m.

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.