. S. No. 2
OM—5-42
5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 8 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37365

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4860

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: 5331 Highland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr 5 mo (Specify whether
In this community 1 year 5 months
years, months or days)

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. 5331 Highland Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mary Lafay
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife No Record
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased April (Month) 27 (Day) 1856 (Year)

8. AGE: Years 87 Months 6 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At home
11. Industry or business
FATHER
12. Name Steven Trigg
13. Birthplace No Record (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Duffy
15. Birthplace No Record (City, town, or county) (State or foreign country)
16. (a) Informant Sister St. Thiele
(b) Address 5331 Highland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/18/43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mary's Cem
18. (a) Signature of funeral director Quirk & Polisi
(b) Address 20 West Linwood
19. (a) 11-17-43 (Date received local registrar) (b) R. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16, year 1943 hour 1 minute 00 P. M.
21. I hereby certify that I attended the deceased from Oct 14, 1943, to Nov 16, 1943; that I last saw her alive on Nov 15, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Broncho Pneumonia	2 da
Due to: Coronary Thrombosis	1 wk
Due to: arteriosclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	

94 W

Major findings:
Of operations
Of autopsy

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 John T Skinner (M. D. or other) MD
Address 1402 Bryant Bldg Date signed

(Licensed Embalmer's Statement on Reverse Side)

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, fact should be so stated above.