

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JUL 15 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2824

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2038 Quincey
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 yrs.
(Specify whether 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. 2038 Quincey
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MRS. BRIDGET GAVIN

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 Married

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased April 1, 1894
(Month) (Day) (Year)

8. AGE: Years 50 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Michael Dunoon

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

14. Maiden name (Unk.) McDermott

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

16. (a) Informant Mr. Gas Gavin

(b) Address 2038 Quincey

17. (a) Burial (b) Date thereof 7/8/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quinones & O'Brien Co.

(b) Address 20 West Linwood Blvd.

19. (a) 7-7-44 D.E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1944 hour 18 minute A.M.

21. I hereby certify that I attended the deceased from JAN. 10, 1943, to July 6, 1944, that I last saw her alive on 7/5/44 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of HEART Duration 12 hrs.

Due to CHRONIC MYOCARDITIS 8-10 yrs.
CHRONIC HEPATITIS

Due to CHRONIC FOCAL INFECTION 10-15 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12/4/42

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?

While at work? (Specify type of place) (e) Means of injury.....

23. Signature Coursey, Heller (M. D. or other) Date signed 7/4/44
Address 1010 Professional Bldg.

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

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 Charles M. Quirk

Licensed Embalmer No. 3774

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.