

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

FILED NOV 14 1944
149

Registration District No.

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:
4101 Virginia
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 39 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street 4101 Virginia
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Mary G. White

3. (b) If veteran, name war _____

3. (c) Social Security No. none

4. Sex fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John I. White 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased May 17, 1881
(Month) (Day) (Year)

8. AGE: Years 63 Months 5 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Co. Clair Ireland 4
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick O'Brien 4

13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

14. Maiden name Margaret McMahan

15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. John White

(b) Address 4101 Virginia

17. (a) Burial (b) Date thereof 11-2-44
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost

19. (a) 11-2-44 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 30 year 44 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from July 10 1944 to July 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Jaundice; carcinoma of head of pancreas; carcinoma of liver. 3 no. 6 no.

Due to _____

Due to 46 g.

Other conditions. (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: Exploratory operation
Of operations Sept 14-44

Of autopsy _____

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 J. J. Connel M.D. (M. D. or other) inf-44

Address 307 Weston Bldg Date signed _____

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..... *John E. Jurok*

Licensed Embalmer No..... *3775*

P. O. Address..... *Rt. 1, Mo*

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.