

FILED DEC 22 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:
St Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether
In this community 19 Years
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. 3939 Benton Blvd
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME Mrs Vivian Mae Girard

3. (b) If veteran, name war no 3. (c) Social Security No. 500 22 6587

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anthony W. Girard 6. (c) Age of husband or wife if alive 20 years
7. Birth date of deceased Dec 20th 1924
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 11 15 hr. min.

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

10. Usual occupation Stenographer

11. Industry or business Dun & Bradstreet

12. Name W.L. White

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

14. Maiden name Freda Avert

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

16. (a) Informant W.L. White

(b) Address 3939 Benton Blvd

17. (a) Burial (b) Date thereof Dec 8th 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director Eylar Funeral Home

(b) Address Kansas City Missouri

19. (a) Dec 7 1944 (b) Unknown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 5th
year 1944 hour 7 minute 25 A. M.

21. I hereby certify that I attended the deceased from July, 1944
to Dec 5, 1944
that I last saw her alive on Dec 5, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death
acute dilatation of heart due to
mitral stenosis
intensified by pregnancy.
Due to pregnancy & labor
Delivery 12-5-44
Other conditions (Include pregnancy within 3 months of death)

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?
While at work? (Specify type of place) Means of injury
23. Signature Edwin C. White M.D. (M. D. or other)
Address 1032 Park Blvd Date signed 12/6/44

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

MOTHER FATHER

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

Edw. E. Beck

Licensed Embalmer No. *4063*

P. O. Address *1800 Linwood Blvd*

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.