V. S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8780

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 932

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: Menorah Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2-10-45 - 2-21-45 (Specify whether
In this community 15 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Johnson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 2501 W 51st
(If rural, give location)
(e) Citizen of foreign country? 2 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Katharine Kerr Rourke
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 Gene R. Rourke
6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased 12 - 2 - 1902 (Month) (Day) (Year)

8. AGE: Years 42 Months 2 Days 19 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name C. W. Kerr
13. Birthplace Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Katharine Oler
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Gene R. Rourke
(b) Address 2501 W 51st
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 2-23-45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park K.C.K.
18. (a) Signature of funeral director Dickinson
(b) Address Kansas City Kansas
19. (a) 2-26-45 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 21 year 45 hour 2 minute 30 P M.
21. I hereby certify that I attended the deceased from 2-4-45, 19 , to 2-21-, 1945 that I last saw her alive on 2-21-45, 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Clinically Encephalitis or Tetanus	20 da
Due to n. m. o.	
Due to	
Other conditions 12 (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Cause of death not determined

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 E. L. Petry (M. D. O)
Address 300 Argyle Bldg Signed 2-22-45

(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 George M. Malloy

Licensed Embalmer No. 2798

P. O. Address: K. C. Kansas

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.