

STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 997

Registration District No. 149 Primary Registration District No. 1002

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 16 days
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. Essex Hotel 8
(If rural, give location) 0
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Catherine Gygox
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 unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan. 22, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 1 If less than one day hr. _____ min.

9. Birthplace Long Island, New York /
(City, town, or county) (State or foreign country)
At Home

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER { 12. Name No record
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Margaret O'Callaghan
(b) Address 815 East 42nd St.

17. (a) Burial (b) Date thereof Jan. 25, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

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

(b) Address 4316 Troost Ave.

19. (a) 1-25-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 23 year 1946 hour 5 minute 55 A.M.

21. I hereby certify that I attended the deceased from Nov. 7 1945 to Jan. 23 1946; that I last saw her alive on Jan. 23 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac decompensation with adenocarcinoma of right breast with metastases
Due to _____
Due to _____

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy See above

Duration _____
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 Clark W. Seely (M.D. or other) 1-24-46
Address Med. Dir. Gen'l Hosp. Date signed _____

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

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Dr. E. J. ...

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 Thomas E. Lusk

Licensed Embalmer No. 3775

P. O. Address. D.C. Md

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.