

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13457**

FILED MAY 9 1946
Registration District No. **142**

Primary Registration District No. **3026**

Registrar's No. **144**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1607 West Short
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **25 Years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Independence**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1607 West Short**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME **WINNIFRED VERA KIRK**
 3. (b) If veteran, name war **-----**
 3. (c) Social Security No. **-----**

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **April** day **20**
 year **1946** hour **4** minute **40 A.** M.
 21. I hereby certify that I attended the deceased from **October** 19**32** to **April** 19**46**
 that I last saw her alive on **April 19** 19**46**
 and that death occurred on the date and hour stated above.

4. Sex **Female** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Divorced**
 6. (c) Age of husband or wife if alive **-----** years
 7. Birth date of deceased **October 19, 1898**
(Month) (Day) (Year)

Immediate cause of death **Cancer of brain of lungs secondary to cancer of breast**
 Due to.....
 Due to.....

8. AGE:	Years	Months	Days	If less than one day
	47	6	1	hr. min.

Other conditions **548**
(Include pregnancy within 3 months of death)

9. Birthplace **Topeka, Kansas**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Housewife**
 11. Industry or business.....
 12. Name **James Duffey**
 13. Birthplace **Topeka, Kansas**
(City, town, or county) (State or foreign country)
 14. Maiden name **Susie May Shute**
 15. Birthplace **Kansas**
(City, town, or county) (State or foreign country)

Major findings: **Carcinoma, ut. Breast**
 Of operations.....
 Of autopsy.....
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Robert L. Kirk**
 (b) Address **Independence, Missouri**
 17. (a) **Burial** (b) Date thereof **4/22/46**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) -Place: burial or cremation **Mound Grove Cemetery**

22. If death was due to external causes, fill in the following: **no**
 (a) Accident, suicide, or homicide (specify) **no**
 (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 **0**

18. (a) Signature of funeral director **James A. Blair**
 (b) Address **Independence, Missouri**
 19. (a) **Apr. 27-1946** (b) **James A. Blair**
(Date received local registrar) (Registrar's signature)

23. Signature **John B. Green** (M. D. or other)
 Address **Independence, Mo.** Date signed **4/22/46**

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

MOTHER FATHER

354 (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.....

Roland P. Speaks

Licensed Embalmer No.....

3604

P. O. Address.....

Indy. Ind.

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.