

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **20235**  
Registrar's No. **2612**

**FILED JUN 25 1946**  
Registration District No. **79**

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:  
**4730 FAIRMOUNT /**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community **30 years**  
years, months or days)

**3. (a) PRINT FULL NAME** **GERTRUDE AGNES DUFFY**  
 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 **WIDOWED**  
 6. (b) Name of husband or wife **CHARLES G. DUFFY**  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **MAY 28 1883**  
(Month) (Day) (Year)

8. AGE: Years **63** Months **0** Days **13**  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **OWOSSO MICHIGAN**  
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business \_\_\_\_\_

**MOTHER FATHER**  
 12. Name **CHARLES MAULIFFE**  
 13. Birthplace **LIMERICK IRELAND**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **MARGARET COLLINS**  
 15. Birthplace **LIMERICK IRELAND**  
(City, town, or county) (State or foreign country)

16. (a) Informant **CHARLES G. DUFFY**  
 (b) Address **4433 FAIRMOUNT**

17. (a) **BURIAL**  
(Burial, cremation, or removal) (b) Date thereof **6-14-46**  
(Month) (Day) (Year)

(c) Place: burial or cremation **MT. ST. MARY'S CEMETERY**

18. (a) Signature of funeral director **J. F. O'Donnell**  
 (b) Address **3256 BROADWAY**

19. (a) **6-13-46**  
(Date received local registrar) (b) **Bessaline Holme**  
(Registrar's signature)

**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. **4730 FAIRMOUNT**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month **JUNE** day **11**  
 year **1946** hour **6** minute **30** P.M.

21. I hereby certify that I attended the deceased from **yes**  
 \_\_\_\_\_, 19\_\_\_\_ to **June 11**, 19**46**  
 that I last saw her alive on **June 11**, 19**46**  
 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<b>acute cardiac failure</b>	<b>4 hours</b>
Due to <b>Coronary thrombosis</b>	<b>3 weeks</b>
Due to <b>hypertension heart disease</b>	<b>years</b>

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**93 d**

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_  
(Specify type of place) (f) Means of injury \_\_\_\_\_  
 Signature **John T. Turner** (M. D. or other) **MD**  
 Address **116 2<sup>nd</sup> Street** Date signed **6-12-46**

19108

*at 11 o'clock  
will pick up*

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**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..... *Park G. Rowe* .....

Licensed Embalmer No. *2347* .....

P. O. Address..... *P. C. 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.**