

No. 3007
-10-47
-17-39
F 3506

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

36938

FILED DEC 4 1948

State File No.

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 4603

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution:
St. Joseph Hospital

(d) Length of stay: In hospital or institution 5 days

In this community as above

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City

(d) Street No. 8329 Virginia

(e) Citizen of foreign country? no.

3. (a) PRINT FULL NAME Mrs. Albina Waterman

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
year 1948 hour 3:45 minute P. M.

21. I hereby certify that I attended the deceased from Nov. 2
1948 to Nov. 7 1948

that I last saw h CR alive on Nov. 7 1948
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, widowed

6. (c) Age of husband or wife if alive dec. years

7. Birth date of deceased: March 17 1875

Immediate cause of death: Coronary Occlusion

Duration: 5 days

8. AGE: Years 73 Months 7 Days 20

If less than one day: hr. min.

Due to: 940

Other conditions: Hypertension, Generalized Arteriosclerosis

Major findings: none

9. Birthplace: Iowa at home

10. Usual occupation:

PHYSICIAN:

Underline the cause to which death should be charged statistically.

Of autopsy: not done

11. Industry or business: X

12. Name: Henry Murphy

13. Birthplace: Ohio

14. Maiden name: Nancy Brady

15. Birthplace: Ohio

16. (a) Informant: R. L. Bram

(b) Address: Hamilton, Missouri

17. (a) removal (b) Date thereof: 11-7-48

(c) Place: burial or cremation: Hamilton, Mo.

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

18. (a) Signature of funeral director: Stine & McClure

(b) Address: 3235 Gilliam Plaza, K. C., MO.

19. (a) 11-10-48 (b) Sheraldine Holmes

Raymond W. O'Brien (Specify type of place)

While at work? (c) Means of injury

23. Signature: Raymond W. O'Brien (M. D. or other)

Address: 231 West 47th K. C. Mo. Date signed: Nov. 9, 1948

Dr. R. O'Brien

Plaza Theater Bldg.,

Je 1500

Leave at office afternoon

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

William L. Anderson

, Registered Apprentice No.

259

working under my personal supervision.

Signed

H. J. Allen

Licensed Embalmer No.

1413

P. O. Address

H. C. 7110

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.