

FILED JAN 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 3849

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY-REG. DIST. NO. 6225 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington Twp</u>		c. LENGTH OF STAY (in this place) <u>9 M R D</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>43 Warner Plaza, apt # 9</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital # 3</u>					

3. NAME OF DECEASED (Type or Print) a. (First) <u>May</u> b. (Middle) <u>Quirk</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 15 - 1949</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4 - 28 - 1873</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Richmond Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>Jackson</u>
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13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>W. S. W.</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NUMBER <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gayline Benson - 43 Warner Plaza apt # 9 Kansas City</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis.</u>					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES				
	DUE TO (b) <u>Generalized Arteriosclerosis.</u>				
	DUE TO (c) _____				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>none</u>	19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 3-25-1948 to 1-15-1949, that I last saw the deceased alive on 1-15-1949, and that death occurred at 2:25 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>JR Bunch M.D.</u> (Degree or title)	23b. ADDRESS <u>State Hospital # 3</u>	23c. DATE SIGNED <u>1-15-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1-15-'49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>unknown</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-15-49</u>	REGISTRAR'S SIGNATURE <u>Walter H. Janczy</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. H. Janczy Sons Kansas City, Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

1308

RECEIVED
District Health Officer No. 7,
District File Number 12-48-1651
Date Filed 1-24-49

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Edward M Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4, 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.