

FILED FEB 21 1949 STANDARD CERTIFICATE OF DEATH

State File No. 5130 431

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson b. CITY OR TOWN Kansas City c. LENGTH OF STAY 50 yrs. 2. USUAL RESIDENCE a. STATE Missouri b. COUNTY Jackson c. CITY OR TOWN Kansas City d. STREET ADDRESS 3117 East 9th Street

3. NAME OF DECEASED a. (First) Johanna b. (Middle) c. (Last) SMALL 4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1949

5. SEX female 6. COLOR OR RACE white 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED widowed 8. DATE OF BIRTH 2-19-73 9. AGE 75 75 75

10a. USUAL OCCUPATION Housewife 10b. KIND OF BUSINESS OR INDUSTRY At home 11. BIRTHPLACE Ireland 12. CITIZEN OF WHAT COUNTRY Irish

13a. FATHER'S NAME John Dwyer 13b. MOTHER'S MAIDEN NAME Nora Savage 14. NAME OF HUSBAND OR WIFE Patrick Small

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Miss Agnes Small, 3117 E. 9th, K.C., Mo.

18. CAUSE OF DEATH I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH Chronic myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 422-2 II. OTHER SIGNIFICANT CONDITIONS Hypertension Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH 2 yrs 4 or 5 yrs

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, other bldg., etc.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1947, to Jan 28, 1949 that I last saw the deceased alive on Jan 27, 1949 and that death occurred at 9:50 AM, from the causes and on the date stated above.

23a. SIGNATURE S. D. Ramsey (Degree or title) 23b. ADDRESS 900 Benton H.S. Mo 1-28-49 23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL Burial 24b. DATE 1-31-49 24c. NAME OF CEMETERY OR CREMATORY Mount St. Mary's 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri

DATE REC'D BY LOCAL REG. 1-29-49 REGISTRAR'S SIGNATURE Geraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar ADDRESS Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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

Glen E. Heck

Licensed Embalmer No.

4063

P. O. Address

Kansas City, 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.