

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8444**  
**856**

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City, Missouri</b>	
c. LENGTH OF STAY (in this place) <b>14 yrs.</b>		d. STREET ADDRESS (If rural, give location) <b>5331 Highland (Little Sisters)</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5331 Highland (Little Sisters)</b>		e. STREET ADDRESS (If rural, give location) <b>5331 Highland</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANN</b>	b. (Middle)	c. (Last) <b>HURLEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2/21/49</b>
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5. SEX <b>female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>widow</b>	8. DATE OF BIRTH <b>July -, 1867</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days	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) <b>housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S. A</b>
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13a. FATHER'S NAME <b>Michael Nelson</b>	13b. MOTHER'S MAIDEN NAME <b>Mary Lynch</b>	14. NAME OF HUSBAND OR WIFE <b>William Hurley</b>
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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) <b>no</b>	16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Sister Emelie</b>	ADDRESS <b>5331 Highland</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Occlusion</b>		<b>15 years</b>
	ANTECEDENT CAUSES DUE TO (b) <b>Chronic Myocarditis</b>		
DUE TO (c) <b>Generalized Arterio-sclerosis</b>		<b>20 years</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>4201</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____	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 weeks, 1949, to 2-21, 1949, that I last saw the deceased alive on 2-18, 1949, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <b>John P. Skinner</b>	23b. ADDRESS (Degree or title) <b>1102 Grace Ave</b>	23c. DATE SIGNED <b>2/24/49</b>
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24a. BURIAL, CREMATION REMOVAL (Specify) <b>burial</b>	24b. DATE <b>2/24/49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Saint Mary's</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-24-49</b>	REGISTRAR'S SIGNATURE <b>Thelma Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Frank J. Dobson</b>	ADDRESS <b>20 W. Linwood</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

