

FILED AUG 3 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23747
Registrar's No. 228

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

BIRTH NO. _____		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>228</u>			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) OR Independence				c. LENGTH OF STAY (in this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Rural-Blue			
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium				d. STREET ADDRESS (If rural, give location) 10201 East 11th.					
3. NAME OF DECEASED (Type or Print) a. (First) MICHAEL		b. (Middle) E.		c. (Last) DWYER		4. DATE OF DEATH (Month) (Day) (Year) July 24, 1949			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Dec. 13, 1877		9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 7 Days 11 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Michael Dwyer			13b. MOTHER'S MAIDEN NAME Mary			14. NAME OF HUSBAND OR WIFE Ruby Dwyer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ruby Dwyer, Kansas City, Missouri					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage				INTERVAL BETWEEN ONSET AND DEATH 11 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arterial Hypertension? 4 years				144X	
				DUE TO (c) Left hemiplegia				11 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) A		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Independence Jackson Mo					
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?					
22. I hereby certify that I attended the deceased from July 20, 1949 , to July 24, 1949 , that I last saw the deceased alive on July 24, 1949 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.									
23a. SIGNATURE Chas. E. Grasse, M.D. (Degree or title)				23b. ADDRESS Independence, Mo.				23c. DATE SIGNED 7/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-28-49		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet 2601 Blue Ridge		24d. LOCATION (City, town, or county) (State) Jackson, Mo.			
DATE REC'D BY LOCAL REG. July 26 1949		REGISTRAR'S SIGNATURE Alm. V. ...		25. FUNERAL DIRECTOR'S SIGNATURE Roland R. Speaks		ADDRESS Independence, Mo.			

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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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Stanley M. Seaton*.....

Licensed Embalmer No. 4504.....

P. O. Address Independence, Missouri.....

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.