

FILED AUG 21 1949

STANDARD CERTIFICATE OF DEATH

State File No. **26946**
3461

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

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 township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 66 years		d. STREET ADDRESS (If rural, give location) 3840 BALES	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3840 BALES		e. STREET ADDRESS 3840 BALES	

3. NAME OF DECEASED (Type or Print) a. (First) WINIFRED b. (Middle) MARGARET c. (Last) LALLY			4. DATE OF DEATH (Month) (Day) (Year) AUGUST 9, 1949		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 31, 1879	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Breckenridge, Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME ANTHONY WHITE		13b. MOTHER'S MAIDEN NAME MARY GARRITY	
14. NAME OF HUSBAND OR WIFE MARTIN		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME MISS WINIFRED LALLY, 3840 BALES		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. ADDRESS	

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) Acute Dilatation of Heart		DUE TO (b) Chronic myocardial degeneration 6 years		8 hours	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Cardiovascular Renal Syndrome		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 **Dec 20, 1942 to Aug 9, 1949**, that I last saw the deceased alive on **Aug 9, 1949**, and that death occurred at **9:49 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Thompson (Degree or title) <i>Wm. W. Thompson</i>		23b. ADDRESS D.O. 3800 E 27, K.P. Mo		23c. DATE SIGNED 8-10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUGUST 12, 1949		24c. NAME OF CEMETERY OR CREMATORY Saint Mary's Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Quirk & Jobin		ADDRESS 20 W. Linwood	
DATE REC'D BY LOCAL REG. 8-11-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	

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 Maudie Adair

Licensed Embalmer No. 4016

P. O. Address 20th Lincoln

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.