

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43816
State File No. 5502

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2) USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City No. 40</u>		c. LENGTH OF STAY (in this place) <u>40 year</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City No. 40</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Menorah Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>700 Woodparkway</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Magdalena</u> b. (Middle) <u>Stegman</u> c. (Last) <u>Walsh</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 25 49</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Dec 21 1889</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Offerly, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	
14. NAME OF HUSBAND OR WIFE <u>Garrett A. Walsh</u>		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 NO. <u>no</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mother Superior, Notre Dame de Sion, KC, Mo.</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Generalized abdominal carcinomas; 8 months</u>		INTERVAL BETWEEN ONSET AND DEATH _____	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cachexia</u>		DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		19. DATE OF OPERATION _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Bilat. inoperable ovarian carcinoma metastatic</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) _____		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 <u>Feb 1949</u> to <u>Dec 25, 1949</u> , that I last saw the deceased alive on <u>Dec 25, 1949</u> , and that death occurred at <u>12:45 PM</u> from the causes and on the date stated above.					
23a. SIGNATURE <u>Bela K. Kent</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1010 Imper. Bldg</u>		23c. DATE SIGNED <u>Dec 26, 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-28-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. <u>12-28-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Melody-McGilley-Eylar</u>		ADDRESS <u>Kansas City, Mo</u>			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed..... *Max H. Kirkendall*

Signed.....
Student Embalmer

Licensed Embalmer No..... *4632*

P. O. Address..... *F. C. Md.*

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.