

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16830**  
**2306**

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

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>  |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><b>Kansas City</b>   |  |
| c. LENGTH OF STAY (In this place)<br><b>24 yrs.</b>   |  | d. STREET ADDRESS (If rural, give location)<br><b>6045 Main Street</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)<br><b>6045 Main Street</b> |  |  |  |

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| 3. NAME OF DECEASED<br>(Type or Print)   |                                  | a. (First) <b>Robert</b>   |  | b. (Middle) <b>H.</b>   |  | c. (Last) <b>LAFFERTY</b>                    |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>May 20, 1950</b> |  |                                |  |
| 5. SEX<br><b>male</b>  | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b> |  | 8. DATE OF BIRTH<br><b>1-27-26</b>  |  | 9. AGE (In years last birthday)<br><b>24</b> |  | IF UNDER 1 YEAR<br>Months Days                               |  | IF UNDER 24 HRS.<br>Hours Min. |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Salesman</b> |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Lafferty-O'Gara</b>              |  | 11. BIRTHPLACE (State or foreign country)<br><b>Kansas City, Missouri</b> |  |  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>                   |  |                                |  |

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|--|--|---|--|--|--|--|--|
| 13a. FATHER'S NAME<br><b>Wm. H. Lafferty</b> |  | 13b. MOTHER'S MAIDEN NAME<br><b>Naomi Dynes</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Martha L. Lafferty</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)<br><b>no</b> |  | 16. SOCIAL SECURITY NO.<br><b>500-20-6253</b> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Mrs. Martha Lafferty, 6045 Main, KC, Mo.</b> |  |  |  |
|---|--|---|--|--|--|--|--|

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|--|--|-----------------------|--|--|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> |  | MEDICAL CERTIFICATION |  |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Circulatory Failure, Acute</b>   |  | ANTECEDENT CAUSES     |  |  |  |  |  | <b>1 m.</b>                      |  |
| DUE TO (b) <b>Rheumatic Aortic and</b>   |  |                       |  |  |  |  |  | <b>4 yrs.</b>                    |  |
| DUE TO (c) <b>Mitral Valvulitis</b>  |  |                       |  |  |  |  |  | <b>410X</b>                      |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.  |  |                       |  |  |  |  |  |                                  |  |

|                        |  |  |  |  |  |   |  |
|------------------------|--|--|--|--|--|---|--|
| 19a. DATE OF OPERATION |  | 19b. MAJOR FINDINGS OF OPERATION<br><b>Pathologist</b> |  |  |  | 20. AUTOPSY?<br>YES <input checked="" 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) |  |  |
| 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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

|   |  |                                  |  |                                    |  |
|---|--|----------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE (Degree or title)<br><b>A.E. Upsher M.D.</b> |  | 23b. ADDRESS<br><b>2800 main</b> |  | 23c. DATE SIGNED<br><b>5/21/50</b> |  |
|---|--|----------------------------------|--|------------------------------------|--|

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|--|--|-----------------------------|--|---|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b> |  | 24b. DATE<br><b>5-24-50</b> |  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Mount Olivet</b> |  | 24d. LOCATION (City, town, or county) (State)<br><b>Kansas City, Missouri</b> |  |
|--|--|-----------------------------|--|---|--|---|--|

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| DATE REC'D BY LOCAL REG.<br><b>5-22-50</b> |  | REGISTRAR'S SIGNATURE<br><b>Sheraldine Holmes</b> |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>Melody-McGilley-Eylar, Kansas City, Mo.</b> |  |
|--|--|---|--|--|--|

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

008

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.....  
Student Embalmer

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

Licensed Embalmer No. *4632*.....

P. O. Address *K.C., 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.