

FILED JAN 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41719
State File No. 41719
Registrar's No. 5454

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5454

1. PLACE OF DEATH a. COUNTY <u>JACKSON 4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 748</u>	
c. LENGTH OF STAY (in this place) <u>35 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5147 BALTIMORE AVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROANOKE NURSERY HOME</u>		d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROANOKE NURSERY HOME</u>	
3. NAME OF DECEASED a. (First) <u>LILLIAN</u>		b. (Middle) <u>none</u>	
c. (Last) <u>MAGNESS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 15 1951</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>1859</u>
9. AGE (In years) (Month) (Day) (Hours) (Min.) <u>92</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>AT Home</u>		11. BIRTHPLACE (State or foreign country) <u>New York, New York</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Bryant</u>	
13b. MOTHER'S MAIDEN NAME <u>Russa Bryant</u>		14. NAME OF HUSBAND OR WIFE <u>William F. Magness</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>—</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Rola Hanley, Edin. Col.</u>		ADDRESS: <u>225 College</u>	
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) <u>Toxic Myocarditis</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Carcinoma Right breast 192</u> 43ix	
19a. DATE OF OPERATION <u>10/5/51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Scirrhous carcinoma rt. breast</u>	
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) (Min.)		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>1940</u> , 19 <u> </u> , to <u>12/15, 1951</u> , that I last saw the deceased alive on <u>11/15</u> , 19 <u>51</u> , and that death occurred at <u>6:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>Lyle G. Wilkins</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1512 Professional Bldg</u>	
23c. DATE SIGNED <u>12/15/51</u>		24a. BURIAL CREMATION (REMOVAL) <u>1951</u>	
24b. DATE <u>12-19-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Zion United St. Joseph Mo.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Joseph Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u>	
DATE REC'D BY LOCAL REG <u>12-18-51</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Newcomer</u>		ADDRESS <u>1331 BRUSH CREEK 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. 14182

P. O. Address Kansas City,

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.