

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16820

State File No.

2119

FILED JUN 7 1952		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 Mo. b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Kansas City)	c. LENGTH OF STAY (In this place) 39 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION 5828 Walrond		d. STREET ADDRESS (If rural, give location) 5828 Walrond Ave. 3701		
3. NAME OF DECEASED (Type or Print) a. (First) Mrs b. (Middle) Veronica c. (Last) Leahy Trapp		4. DATE OF DEATH (Month) (Day) (Year) May 7, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 2, 1913	9. AGE (In years) 39 IF UNDER 1 YEAR: Months Days IF UNDER 2 WKS: Hours Min.
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) Kansas City, Kas.		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME Maurice Leahy		13b. MOTHER'S MAIDEN NAME Margaret McCommack		14. NAME OF HUSBAND OR WIFE Samuel H. Trapp, Jr.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or No (unknown)) (If yes, give war or of service) No		16. SOCIAL SECURITY NO. —	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel H. Trapp 5828 Walrond Ave.	
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) Cancer, Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Malnutrition DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 153x
19a. DATE OF OPERATION 9-28-52 9-11-51		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)		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 8-31 19 51 , to 5-7 , 19 52 , that I last saw the deceased alive on 13-7 , 19 52 , and that death occurred at 10:45 A.M. from the causes and on the date stated above.				
23a. SIGNATURE Robert W. Forsythe (Degree or title) MD		23b. ADDRESS 411 Alameda Rd.		23c. DATE SIGNED 5/6/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 9, 1952	24c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's	24d. LOCATION (City, town, or county) (State) K. C. Mo.	
DATE REC'D BY LOCAL REG. 5-8-52	REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thos. E. Quirk 4316 Troost Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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

