

ED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28134**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3681**

1. PLACE OF DEATH a. COUNTY <b>JACKSON 0</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON 3228</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 0</b>	
c. LENGTH OF STAY (In this place) <b>60 YRS.</b>		d. STREET ADDRESS (If rural, give location) <b>1609 HARDESTY</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>RESEARCH HOSPITAL</b>			

3. NAME OF DECEASED a. (First) <b>ETHEL</b> b. (Middle) <b>MAY</b> c. (Last) <b>KURFISS</b>			4. DATE OF DEATH <b>AUGUST 16 1952</b> (Month) (Day) (Year)		
5. SEX <b>FEMALE 1</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED 7</b>	
8. DATE OF BIRTH <b>1 JAN 1878</b>		9. AGE (In years last birthday) <b>74</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>X X X</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>EDINIBERG, IND.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>ROBERT WARD</b>		13b. MOTHER'S MAIDEN NAME <b>FEBBIE VALENTINE</b>		14. NAME OF HUSBAND OR WIFE <b>GEORGE E. KURFISS</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO X X</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT'S SIGNATURE OR NAME <b>G.H. SONGER</b> ADDRESS <b>1609 HARDESTY K.C. MO.</b>	

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) <b>Pulmonary Embolism</b>		ANTECEDENT CAUSES DUE TO (b) <b>Thrombophlebitis</b>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Blat. Carcinoma of Stomach</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Extensive abdominal spread metastases</b>					

19a. DATE OF OPERATION <b>8/16/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Blat. Carcinoma of stomach extensive abdominal metastases</b>		20. AUTOPSY? YES <input checked="" 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 **8/15** 19**52**, to **8/16**, 19**52**, that I last saw the deceased alive on **8/16**, 19**52**, and that death occurred at **6 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J.S. Cope</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>Kansas City Mo.</b>		23c. DATE SIGNED <b>8/18/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>18 AUGUST 52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS</b>	
24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Deraldine Holmes</b> ADDRESS <b>FLORAL HILLS MEMORIAL CHAPELS K.C. MO.</b>			
DATE REC'D BY LOCAL REG. <b>8-18-52</b>		REGISTRAR'S SIGNATURE		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 *Floyd C. McCord*

Licensed Embalmer No. 4853

P. O. Address *F. C. McCord*

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.