

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28140**

FILED AUG 15 1952

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3137**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (In this place) 49 years		d. STREET ADDRESS (If rural, give location) 1300 West 41st	
d. FULL NAME OF HOSPITAL OR INSTITUTION Menorah Hospital			

3. NAME OF DECEASED a. (First) MRS. ANNIE b. (Middle) E c. (Last) LAVERY			4. DATE OF DEATH (Month) (Day) (Year) July 9 1952		
--	--	--	---	--	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct 30 1873	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HRS. Hours	IF UNDER 15 MIN. 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) Burlington, Iowa	12. CITIZEN OF WHAT COUNTRY? U.S.
---	-----------------------------------	--	---

13a. FATHER'S NAME JOHN TYNDALL	13b. MOTHER'S MAIDEN NAME BRIDGET	14. NAME OF HUSBAND OR WIFE JOHN J. LAVERY
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME <i>J. Lloyd Lavery</i>	ADDRESS 1300 West 41st
---	--	---	----------------------------------

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4221
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (b) Myocardial arteriosclerosis (c) Cardia decompensation		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	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 checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	---	----------------------------

22. I hereby certify that I attended the deceased from **1930**, to **7/9**, **1952** that I last saw the deceased alive on **7/9**, **1952** and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Fred Irwig, M.D. (Degree or title)	23b. ADDRESS 1610 Trooper Rd	23c. DATE SIGNED 7/10/52
--	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 12 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
--	----------------------------------	---	---

DATE REC'D BY LOCAL REG. 7-10-52	REGISTRAR'S SIGNATURE <i>Heraldine Holmes</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Quirk + Robin</i>	ADDRESS 20 W. Linwood
--	--	--	---------------------------------

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

DEC 5 1952

205 3/169

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, ~~by~~.....

working under my personal supervision.

Student Embalmer No.....

Signed Farrest D Coldsnow

Signed.....
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K E 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.