

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1538**  
Registrar's No. **186**

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>186</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Kansas</b> b. COUNTY <b>Wyandotte</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 WK</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		<b>8150</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5330 Hilland Highland</b>				d. STREET ADDRESS (If rural, give location) <b>1424 South 30th St.</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) _____ c. (Last) <b>Maher</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 13 1953</b>				
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Apr. 22 1870</b>	
9. AGE (In years last birthday) <b>82</b>		10. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Maine</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Michael Hogan</b>		13b. MOTHER'S MAIDEN NAME <b>Erwin</b>		14. NAME OF HUSBAND OR WIFE <b>James J Maher</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No.</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. James J. Maher 408 S. Drury KC Mo.</b>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Broncho pneumonia</b>  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 <b>Arterio Sclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b> <b>49 1/2</b> <b>50 1/2</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <b>1/8</b> , 19 <b>53</b> , to <b>1/13/53</b> , 19 <b>53</b> , that I last saw the deceased alive on <b>1/12</b> , 19 <b>53</b> , and that death occurred at <b>7:30 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph A. Fogarty</b> (Design or title)				23b. ADDRESS <b>402 Northman Pl. #314</b>		23c. DATE SIGNED <b>1/14/53</b>	
24a. BURIAL, CREMATION, OR OTHER DISPOSAL (Specify) <b>Burial</b>		24b. DATE <b>Jan. 15 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>1-14-53</b>		REGISTRAR'S SIGNATURE <b>Sheraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Simmons Funeral Home KC Kansas</b>			

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 Donna K. James

Licensed Embalmer No. 4838

P. O. Address K.C.K.

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.