

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24882

State File No. 3144

Registrar's No. 3144

No. 300

10.48

FILED JUL 17 1953

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1002

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

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) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 2804	
c. LENGTH OF STAY (in this place) 12 Yrs.		d. STREET ADDRESS (If rural, give location) 4201 East 67th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4201 East 67th St.		d. STREET ADDRESS (If rural, give location) 4201 East 67th St.	
3. NAME OF DECEASED a. (First) Wendell		b. (Middle) Guy	
c. (Last) Ihrig		4. DATE OF DEATH (Month) (Day) (Year) June 19 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 25 Nov. 1897
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	
11. BIRTHPLACE (City and State or Foreign Country) Wheatland, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME William L. Ihrig		13b. MOTHER'S MAIDEN NAME Minnie	
14. NAME OF HUSBAND OR WIFE Dr. Rosalie S. Ihrig		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. X X	
16. SOCIAL SECURITY NO. 483-07-9189		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dr. R. S. Ihrig 4201 E 67th St.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Essential Hypertension DUE TO (c) 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) m.		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 January 1953 , to June 19, 1953 , that I last saw the deceased alive on June 19, 1953 , and that death occurred at 9 30 m., from the causes and on the date stated above.	
23a. SIGNATURE R. A. MURTON		23b. ADDRESS P.O. 7-510-124 Walnut St Bldg	
23c. DATE SIGNED June 19-1953		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 22 June 53		24c. NAME OF CEMETERY OR CREMATORY Floral Hills	
24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geraldine Smith Floral Hills Memorial Chapels K.C.M	
DATE REC'D BY LOCAL REG. 6-20-53		REGISTRAR'S SIGNATURE Geraldine Smith	

(Licensed Embalmer's Statement on Reverse Side)

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 Lloyd C McCoy

Licensed Embalmer No. 4853

P. O. Address K C M

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.