

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23046

State File No. _____

3008

FILED AUG 10 1954

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> b. CITY OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (in this place) <u>31 YEAR</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DRAKE HOTEL 1016 LOCUST ST</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>DRAKE HOTEL 1016 LOCUST ST. 14</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>DOROTHY</u> c. (Last) <u>JURSI'S</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1954</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>	
7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED 2</u>		8. DATE OF BIRTH <u>JUNE 8-1889</u>	
9. AGE (In years last birthday) <u>65</u>		10. KIND OF BUSINESS OR INDUSTRY <u>NAVY MOTORBUSTRY CLUB OF AMERICA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NATIONAL FINANCE OFFICER</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WISCONSIN</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HENRY VAUCH</u>	
13b. MOTHER'S MAIDEN NAME <u>DORA BAUCH</u>		14. NAME OF HUSBAND OR WIFE <u>FRANK JULIUS JURSI'S</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. ROSAMOND T. SMITH</u>		ADDRESS <u>1916 LOCUST ST. KANSAS CITY MO</u>	
MEDICAL CERTIFICATION			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute myocardial infarction 1 hour</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>congestive heart failure 1 year</u> DUE TO (c) <u>Hypertensive heart disease years</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Generalized arterial sclerosis years with marked obesity</u>		INTERVAL BETWEEN ONSET AND 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) <u>421</u>	
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 <u>6-6-</u> , 19 <u>45</u> to <u>6-30-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-22-</u> , 19 <u>54</u> , and that death occurred at <u>10:25 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Thos. C. Mc Hale</u> (Degree or title)		23b. ADDRESS <u>4620 Linden Ave. KC Mo</u>	
23c. DATE SIGNED <u>6-30-54</u>		24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>JULY 2 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEM.</u>	
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomb</u>	
DATE REC'D BY LOCAL REG. <u>7-1-54</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Smith</u>	
ADDRESS <u>1331-BAUGH CREEK KANSAS CITY, MO</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>O.H. Newcomb</u>	

(Licensed Embalmer's Statement of Reverse Side)

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.....
Signature of Student Embalmer

Signed *Robert Ray*

Licensed Embalmer No. *418*
P. O. Address *Kansas*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.