

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4924

State File No.

493

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

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 OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs		STREET ADDRESS (If rural, give location) 3701 Broadway	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) VIOLET		b. (Middle) J.		c. (Last) LONERGAN		4. DATE OF DEATH (Month) (Day) (Year) 2 2 55	
5. SEX F	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Nov. 2, 1877		9. AGE (In years less birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Secretary		10b. KIND OF BUSINESS OR INDUSTRY Service Co.		11. BIRTHPLACE (City and State or Foreign Country) Leavenworth, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Michael Lonergan		13b. MOTHER'S MAIDEN NAME Margaret Brown		14. NAME OF HUSBAND OR WIFE XX	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) No (If yes, give year or dates of service) XX		16. SOCIAL SECURITY NO. 487-07-0002A		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edgar V. Mitton, 6426 Wornall Ter	
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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) Generalized Bacteremias		INTERVAL BETWEEN ONSET AND DEATH 170 X
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma Esophagus 3 Rd DUE TO (c) Breast.		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hydrothorax Bilateral		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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 Postmortem 1955 to 1955, 1955, that I last saw the deceased alive on 2-8-55, 1955, and that death occurred at St. Joseph Hospital from the causes and on the date stated above.

23a. SIGNATURE Russell W. Kerr (Degree or title) MD	23b. ADDRESS St. Joseph Hospital	23c. DATE SIGNED 3 Feb 55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-8-55	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) Leavenworth, Kansas
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DATE REC'D BY LOCAL REG. 2-3-55	REGISTRAR'S SIGNATURE neva minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wagner Funeral Home, N. 6 Mo.
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WRITE PLAINLY—USING UNFADEING 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 *Alvin R. Haun*.....

Licensed Embalmer No. *413*.....

P. O. Address *K. C. I.*.....

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.