

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31735

State File No.

3931

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 20 1952

BIRTH NO.

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1005

Registrar's No.

3931

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) TOWN Kansas City		c. LENGTH OF STAY (in this place) Lifetime	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hospital		c. CITY (If outside corporate limits, write RURAL and give township) TOWN Kansas City	
3. NAME OF DECEASED (Type or Print) a. (First) Minnie		d. STREET ADDRESS (If rural, give location) 4238 Greenwood Place 370	
5. SEX Female /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1952
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 81
13a. FATHER'S NAME Thomas Reilly		13b. MOTHER'S MAIDEN NAME Margaret Carr	14. NAME OF HUSBAND OR WIFE Samuel T. McDermott
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Robt. McDermott, 8600 W. 71st, Overland Pk, Ks
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED ANASARCA	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) HYPERTENSIVE MYOCARDITIS DUE TO (c) CHRONIC DIFFUSE NEPHRITIS	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 59 2 X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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) 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, m., from the causes and on the date stated above.			
23a. SIGNATURE Russell W. Kerr MD (Degree or title) Russell W. Kerr M.PATHOLOGIST	23b. ADDRESS St. JOSEPH Hosp. KANSAS CITY, Mo.		23c. DATE SIGNED 9-4-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-6-52	24c. NAME OF CEMETERY OR CREMATORIAL St. Mary's	24d. LOCATION (City, town, or county) Kansas City, Missouri
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE Heraldine Holmes		
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mellody-McGilleey-Eyler, Kansas City, Mo.			