

UPPER JAN 13 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

41952  
Do not use this space  
5078

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
 (b) Township Kaw Primary Registration District No. 1002 Registered No. \_\_\_\_\_  
 (c) City Kansas City (d) Street No. St. Joseph Hospital St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

635 Mrs. Mary VIRDEN  
 (a) Residence, No. 2310 Wyncote Lane, K.C. Kansas (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Russell Robert VIRDEN (Dcsc)  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 1874  
 7. AGE YEARS 64 MONTHS 7 DAYS --- If LESS than 1 day, hrs. or min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as saw mill, bank, etc. AT HOME  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas.

FATHER 13. NAME Thomas H. Buchanan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER 15. MAIDEN NAME Margaret Cogan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Dr. Thos. C. McHale, son,  
(ADDRESS) Kansas City, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 12/27/38

19. FUNERAL DIRECTOR (NAME) Melody-McGilley  
(ADDRESS) K. C. Mo.

20. FILED Dec 25 1938 M. M. Brown  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 22nd, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1920 to 12/22/1938, 19\_\_\_\_  
 I last saw her alive on 12/22/38, 19\_\_\_\_ Death is said to have occurred on the date stated above, at 12:16 p.m.  
 The principal cause of death and related causes of importance were as follows:

Cirrhosis  
Disin  
Pulmonary vessel  
Cholelithiasis  
 Date of onset 14 months  
 Other contributory causes of importance: 1240  
Myocardial infarction  
Wernicke's encephalopathy

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. Thos. C. McHale M. D.  
 (Address) 1402 E. 34th St. Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**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 .....

Registered Apprentice No. ...., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**