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5-17-39
I X3667

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

5834

State File No. 828

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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

4823

1. PLACE OF DEATH:

(a) County JACKSON

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or ~~institution~~: RESEARCH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3 HOURS (Specify whether
In this community 40 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 7346 GRAND AVENUE
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME MRS MARY QUIGLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex FEMALE 1

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWED 2

6. (b) Name of husband or wife JOHN A. QUIGLEY

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased JULY (Month) 5 (Day) 1887 (Year)

8. AGE: Years 58 Months 7 Days 11 If less than one day hr. min.

9. Birthplace NEAR OLATHE (City, town, or county) KANSAS (State or foreign country)

10. Usual occupation NONE

11. Industry or business AT HOME

FATHER
12. Name WILLIAM SALITZMAN
13. Birthplace UNKNOWN (City, town, or county) GERMANY (State or foreign country)

MOTHER
14. Maiden name UNKNOWN KAHLE
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Katherine Sevier
(b) Address 7346 Grand Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb 18, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. St. Marys Cem

18. (a) Signature of funeral director O.W. Newcomers Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 2-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 16TH year 1946 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb 15, 1946 to Feb 16, 1946, to ——, 19__;
that I last saw her alive on Feb 16, 1946, 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to Hypertension

Due to

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 83a

Of autopsy not done

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Paul C Platt (M. D. ~~or other~~)

Address 934 Argyle Bldg KC Mo Date signed 2/16/46

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.