

V. S. No. 2
100M-5-43
Rev. 5-13-69
I X36671

33490

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

UNITED STATES HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4208**

FILED OCT 16 1946

Registration District No. 149 Primary Registration District No. 1002

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:
3037 MAIN STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **14 YEARS**
years, months or days

3. (a) PRINT FULL NAME **MAUDE CUNIFF**
3. (b) If veteran, name war **no** 3. (c) Social Security No. **NONE**

4. Sex **FEMALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **WIDOWED**
6. (b) Name of husband or wife **UNKNOWN** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **UNKNOWN**
(Month) (Day) (Year)

8. AGE: Years **77** Months _____ Days _____ If less than one day
hr. _____ min. _____

9. Birthplace **UNKNOWN** **MISSOURI**
(City, town, or county) (State or foreign country)
10. Usual occupation **AT HOME**

MOTHER FATHER

11. Industry or business _____
12. Name **? STEELE**
13. Birthplace **UNKNOWN** **UNKNOWN**
(City, town, or county) (State or foreign country)
14. Maiden name **KATIE QUINN**
15. Birthplace **UNKNOWN** **MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **MR. PAHERTY**
(b) Address **4816 CAMPBELL**
17. (a) **REMOVAL** (b) Date thereof **10-7-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **KANSAS CITY, KANSAS**
OAK GROVE CEMETERY
18. (a) Signature of funeral director _____
(b) Address **3256 ROADWAY**
19. (a) **10-5-46** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **3037 MAIN STREET**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **OCTOBER** day **3rd.**
year **1946** hour **?** minute **A.** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Arteriosclerosis**
Due to _____

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy **History of Inspection**
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? _____

While at work _____ (Specify type of place)
23. Signature **A. E. [Signature]** (M. D. or D. O.)
Address **2800 Main**

(Licensed Embalmer's Statement on Reverse Side)

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

3231

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

Park G. Rowe

Licensed Embalmer No.

2347

P. O. Address

K. C. Mo.

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.