V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 24 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5026

Primary Registration District No. 1002

Registrar's No. 674

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:
2514 East 42nd. St. Kansas City, Missouri
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether
In this community Life
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. 2514 East 42nd. Street
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Bessie L. Quilty

3. (b) If veteran, name war No

3. (c) Social Security No. ~~None~~ 512-24-5034

4. Sex Female 1

5. Color or race White

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

6. (b) Name of husband or wife Michael A. Quilty

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

7. Birth date of deceased September (Month) 4 (Day) 1889 (Year)

8. AGE: Years 57 Months 5 Days 7 If less than one day hr. min.

9. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Housework

11. Industry or business At Home

FATHER
12. Name John Hayes
13. Birthplace ~~Kentucky~~ MISSOURI (City, town, or county) (State or foreign country) 0

MOTHER
14. Maiden name Clara Colvert
15. Birthplace Sweeden (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Nellie Powers 1
(b) Address 1407 Walker Ave. K.C.K.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 14-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary Cemetery

18. (a) Signature of funeral director Jos. A. Butler's Sons
(b) Address 22 South 18th. St. K.C.K.

19. (a) 2-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11th.
year 1947 hour 9 minute 45 P.M.

21. I hereby certify that I attended the deceased from 1934, 19 to February 11, 1947
that I last saw her alive on February 11, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary congestion & Heart failure	3 hrs.
Due to: Chronic Myocarditis	about 13 yrs.
Due to: Auricular Fibrillation	
Other conditions (Include pregnancy within 3 months of death) —	
Major findings: Of operations — 93 d	
Of autopsy —	

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 0

23. Signature Francis S. Carey (M. D. ~~or other~~)
Address Huron Bldg Date signed 2/12/47

(Licensed Embalmer's Statement on Reverse Side)

Carey

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. Mo. 3264

P. O. Address. Kansas City 2, Kansas.

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.