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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED AUG 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27664  
Registrar's No. 3363

Registration District No. 149 Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution: St. Joseph's Hospital  
(d) Length of stay: 3 days  
In this community 25 yrs.

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Jackson  
(c) City or town Kansas City  
(d) Street No. 219 No Mersington  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME MRS. SUSAN CECELIA DWYER  
(b) If veteran, name war no  
(c) Social Security No. no

4. Sex Fem / 5. Color or race Wh  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife John Dwyer  
6. (c) Age of husband or wife if alive 51 years  
7. Birth date of deceased Sept. 28 1898

8. AGE: Years 48 Months 10 Days 9

9. Birthplace Argentine, Kans.

10. Usual occupation Housewife

11. Industry or business --

12. Name William Deuling  
13. Birthplace Holland  
14. Maiden name Unknown  
15. Birthplace Poland

16. (a) Informant John Dwyer  
(b) Address 219 No Mersington

17. (a) Burial (b) Date thereof 8/11/47  
(c) Place: burial or cremation St. Mary's Cemetery  
18. (a) Signature of funeral director John P. Sheil  
(b) Address Kansas City, Mo.

19. (a) 8-8-47 (b) Geraldine Holmes

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Aug. day 7 year 1947 hour 6 minute 30 P M.  
21. I hereby certify that I attended the deceased from...  
that I last saw him alive on... and that death occurred on the date and hour stated above.

Immediate cause of death: Acoustic neuroma - malignant  
Due to: Acoustic neuroma - malignant  
Other conditions: 546  
Major findings: Of operations  
Of autopsy: Above

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
23. Signature: Russell J. Girard  
Address: St. Joseph Hospital Date signed: 8/8/47

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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 John P. Steil  
Licensed Embalmer No. 3625  
P. O. Address 76 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.**