

S. No. 2  
 OM-5-43  
 v. 5-17-39  
 I X36671

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

1320

State File No.

240

FILED JAN 27 1948

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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

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:  
2318 Spruce  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 20 years  
years, months or days)

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. 2318 Spruce  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME EDITH MAE SHIRK  
 3. (b) If veteran, name war no  
 3. (c) Social Security No. none

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month Jan day 15  
 year 1948 hour 12 minute 25 A. M.

4. Sex female 5. Color or race white  
 6. (a) Single, widowed, married, divorced married  
 6. (b) Name of husband or wife Wilbert R.  
 6. (c) Age of husband or wife if alive 45 years  
 7. Birth date of deceased: March 2 1907  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Feb. 1948 to Jan 15 1948  
 that I last saw her alive on Jan 14 1948  
 and that death occurred on the day and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>40</u>	<u>10</u>	<u>13</u>	hr. _____ min. _____

Immediate cause of death Metastasis from carcinoma of female organ of pelvis  
 Due to carcinoma of female organ of pelvis  
 Due to metastasis from pelvis  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
 Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_

9. Birthplace McCune Kansas  
(City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife  
 11. Industry or business self

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
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MOTHER FATHER {  
 12. Name Jasper D. Turney  
 13. Birthplace Lima Ohio  
(City, town, or county) (State or foreign country)  
 14. Maiden name Anna Belle McIntyre  
 15. Birthplace Sparty Ill  
(City, town, or county) (State or foreign country)

16. (a) Informant Wilbert R Shirk  
 (b) Address 2318 Spruce  
 17. (a) Burial (b) Date thereof 1-17-1948  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Elmwood Cemetery

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? 2

18. (a) Signature of funeral director C.F. Blackman & Son, Inc.  
 (b) Address 2825 Independence 1 lv.  
 19. (a) 1-17-48 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature M. W. [unclear] (M. D. or other) MD  
 Address Independence Date signed Jan 16 1948

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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 C. K. McFarland

Licensed Embalmer No. 4397

P. O. Address Kansas City, 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.**