

FEDERAL SECURITY AGENCY

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

National Office of Vital Statistics  
FILED MAR 13 1948

Registration District No. 249

Primary Registration District No. 1002

Registrar's No. 914

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: Conley Clinic  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 7 days  
(Specify whether  
In this community 2 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson Co  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1607 Poplar  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MRS. GLORIA WRIGLEY

3. (b) If veteran, name war no

3. (c) Social Security No. X 510-12-6944

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month 2 day 26  
year 1948 hour 4 minute 10 A M.

21. I hereby certify that I attended the deceased from 2/18  
....., 1948, to 2-26, 1948  
that I last saw her alive on 2-26, 1948  
and that death occurred on the date and hour stated above.

5. Color or race Wi  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife George Wrigley  
6. (c) Age of husband or wife if alive 23 years  
7. Birth date of deceased 5/6/1922  
(Month) (Day) (Year)

Immediate cause of death Tuberculosis  
Due to adynamic ileus  
Due to respirator system  
Other conditions (Include pregnancy within 3 months of death)  
Major findings: Full term preg.  
Of operations.....  
Of autopsy 11/8/48

8. AGE: Years 25 Months 9 Days 20  
If less than one day  
..... hr. .... min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name Joseph Plese

13. Birthplace Yugoslavia  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Stimetz

15. Birthplace Yugoslavia  
(City, town, or county) (State or foreign country)

16. (a) Informant Geo Wrigley

(b) Address 1607 Poplar

17. (a) Burial (b) Date thereof 2/27/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Calvary, K. C., K

18. (a) Signature of funeral director John P. Sheil

(b) Address Kansas City, Mo.

19. (a) 2-27-48 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

PHYSICIAN  
Underline the cause of 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 21  
23. Signature A. J. McQually (M. D. or other) MD  
Address 500 Bryant Bldg. K. Mo. Date signed 2-26-48

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

MOTHER FATHER

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. Deuel  
Licensed Embalmer No. 3625  
P. O. Address Linn Co. 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.