

FILED DEC 3 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37191**  
**4849**  
Registrar's No.

|                                                                                                                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                       |  |                                                                                       |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------|--|
| BIRTH NO. _____                                                                                                                                                                                                                                                                    |  | REG. DIST. NO. <u>149</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | PRIMARY REG. DIST. NO. <u>1002</u>                                                                                                    |  | Registrar's No. _____                                                                 |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u> |  |                                                                                       |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>                                                                                                                                                                                         |  | c. LENGTH OF STAY (in this place)<br><u>31 yrs</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>                                            |  | d. STREET ADDRESS (If rural, give location)<br><u>3709 E 36th</u>                     |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>St Marus Hospital</u>                                                                                                                                                                                                                |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | d. STREET ADDRESS (If rural, give location)<br><u>3709 E 36th</u>                                                                     |  |                                                                                       |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MARGARET</u><br>b. (Middle) <u>B.</u><br>c. (Last) <u>COURTNEY</u>                                                                                                                                                         |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Nov 13 1949</u>                                                                                                                                                                                                                                                                                                                                                                                                             |  | 5. SEX<br><u>fe</u>                                                                                                                   |  | 6. COLOR OR RACE<br><u>white</u>                                                      |  |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>married</u>                                                                                                                                                                                                           |  | 8. DATE OF BIRTH<br><u>Dec 5 1912</u>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 9. AGE (In years last birthday)<br><u>36</u>                                                                                          |  | IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.                               |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>home maker</u>                                                                                                                                                                   |  | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 11. BIRTHPLACE (State or foreign country)<br><u>Sedalia Mo</u>                                                                        |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>                                            |  |
| 13a. FATHER'S NAME<br><u>W.T. Moore</u>                                                                                                                                                                                                                                            |  | 13b. MOTHER'S MAIDEN NAME<br><u>Maude McKenzie</u>                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 14. NAME OF HUSBAND OR WIFE<br><u>Lynn C. Courtney</u>                                                                                |  |                                                                                       |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                                                                                                                                              |  | 16. SOCIAL SECURITY NO.<br><u>—</u>                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>L.C. Courtney 3709 E 36th</u>                                                         |  |                                                                                       |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.                                                      |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary embolism</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>appendiceal abscess.</u><br>DUE TO (c) <u>acute appendicitis</u><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><u>5501</u> |  |                                                                                                                                       |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>20 min</u><br><u>10 wks.</u><br><u>11 wks.</u> |  |
| 19a. DATE OF OPERATION<br><u>11/9/49</u>                                                                                                                                                                                                                                           |  | 19b. MAJOR FINDINGS OF OPERATION<br><u>Large abscess in right lower abdomen</u>                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                       |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)                                                                                                                                                                                                                                           |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)                                                                                                                                                                                                                                                                                                                                                                                   |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                                                                                       |  |                                                                                       |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)                                                                                                                                                                                                                             |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                     |  | 21f. HOW DID INJURY OCCUR?                                                                                                            |  |                                                                                       |  |
| 22. I hereby certify that I attended the deceased from <u>7-30</u> , 19 <u>49</u> , to <u>11-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-13</u> , 19 <u>49</u> , and that death occurred at <u>1 P. m.</u> , from the causes and on the date stated above. |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                       |  |                                                                                       |  |
| 23a. SIGNATURE <u>James H. O'Neil, MD</u> (Degree or title)<br><u>James H. O'Neil, MD</u>                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | 23b. ADDRESS<br><u>424 Professional Bldg</u>                                                                                          |  | 23c. DATE SIGNED<br><u>11-14-49</u>                                                   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>                                                                                                                                                                                                                         |  | 24b. DATE<br><u>11-15-1949</u>                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Green Lawn</u>                                                                               |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City Mo</u>                |  |
| DATE REC'D BY LOCAL REG.<br><u>11-15-49</u>                                                                                                                                                                                                                                        |  | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u>                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS<br><u>C.H. Bluckman &amp; Son, Inc</u><br><u>Kansas City Mo.</u>                            |  |                                                                                       |  |

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

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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*W. D. Blackman*

Licensed Embalmer No. 3639

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.