

**FILED** AUG 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24421**  
**3237**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3237</u>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>Life</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3608 Prospect</b>				d. STREET ADDRESS (If rural, give location) <b>3608 Prospect 3558</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Rose</b>			b. (Middle) <b>W.</b>		c. (Last) <b>Duffy</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7 16 52</b>		
5. SEX <b>Fe.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>12-16-1882</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Edward Joyce</b>			13b. MOTHER'S MAIDEN NAME <b>Catherine Gibbons</b>		14. NAME OF HUSBAND OR WIFE <b>Edward J. Duffy</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E. J. Duffy 3608 Prospect KCMO.</b>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b> ANTECEDENT CAUSES <b>Hypertension and previous Apoplexy</b> Asfribid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>10 years</b> <b>33 1/2</b>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? 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) (m.)		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>July 4<sup>th</sup></u> , 19 <u>52</u> , to <u>7-16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>7-11</u> , 19 <u>52</u> , and that death occurred at <u>7<sup>th</sup></u> m., from the causes and on the date stated above.									
23a. SIGNATURE <b>William M. Korth, M.D.</b>				23b. ADDRESS <b>612 Professional Bldg</b>		23c. DATE SIGNED <b>7-17-52</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial (1)</b>		24b. DATE <b>7-19-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Mo.</b>			
DATE REC'D BY LOCAL REG. <b>7-17-52</b>		REGISTRAR'S SIGNATURE <b>Geraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody-McGilley-Eylar</b>		ADDRESS <b>KCMO.</b>			

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

Dr. Karth  
Prog Bldg.

V1 0900 till 3:  
the

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. 448

working under my personal supervision.

Student Arthur E. Hook  
Student Embalmer

Signed Gene E. Heck

Licensed Embalmer No. 4063

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.