

FILED AUG 18 1954

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27624
3685
Registrar's No.

BIRTH NO. --- REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 7 weeks		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		e. STREET ADDRESS (If rural, give location) 5331 Highland 3750	
3. NAME OF DECEASED a. (First) Mary b. (Middle) C. c. (Last) Puhr			4. DATE OF DEATH (Month) 7 (Day) 26 (Year) 1954
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 13, 1889
9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Paola, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Jeramiah Collins	
13b. MOTHER'S MAIDEN NAME Mary Shea		14. NAME OF HUSBAND OR WIFE Victor W. Puhr	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Pauline Mock		ADDRESS Kansas City, Ks.	

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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid 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. Heart block - Fracture of right femur - Severe rheumatoid arthritis		INTERVAL BETWEEN ONSET AND DEATH 27000 21
19a. DATE OF OPERATION 7-19-54		19b. MAJOR FINDINGS OF OPERATION		

21a. ACCIDENT SUICIDE HOMICIDE accident 7-9-54		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas city Jackson Mo.	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 7-9-54		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? fell from a stool	

22. I hereby certify that I attended the deceased from July 9, 1954, to July 26, 1954, that I last saw the deceased alive on July 26, 1954, and that death occurred at 7:40A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title)		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 7-26-54	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 7-29-54		24c. NAME OF CEMETERY OR CREMATORY St. Joseph Cem.	
24d. LOCATION (City, town, or county) (State) Shawnee, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE Simmons		ADDRESS K.C.K.	
DATE REC'D BY LOCAL REG. 7-27-54		REGISTRAR'S SIGNATURE Geraldine Smith			

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

Dr. Simmons

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
Signature of Student Embalmer

Signed *H. Simmons*

Licensed Embalmer No. *390*

P. O. Address *HCK*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.