

FILED FEB 26 1940

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1384

Registrar's No. 369

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City, Mo.
(c) Name of hospital or institution.
No. 502 Prospect
(d) Length of stay: In hospital or institution. NO.
In this community. - 30 yrs

3. (a) PRINT FULL NAME. Ada Belle Praun 650

3. (b) If veteran, name war. None 3. (c) Social Security No. None

4. Sex. Female 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Edward Praun 6. (c) Age of husband or wife if alive. 62 years

7. Birth date of deceased. April 5th, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>9</u>	<u>18</u>hr.min.

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

10. Usual occupation. Housewife

11. Industry or business. -----

12. Name. Jacob Stites

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

14. Maiden name. Sarah Allen

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

16. (a) Informant. Edward Praun
(b) Address. 502 Prospect Blvd., K.C.Mo.

17. (a) Burial (b) Date thereof. Jan. 26-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Quindaro, K. C. Kansas.

18. (a) Signature of funeral director. Mrs. C.L. Forster
(b) Address. Kansas City, Mo.

19. (a) Jan. 25, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. County Jackson
(c) City or town. Kansas City, Missouri.
(d) Street No. 502 Prospect Blvd.
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. January day. 23rd, 1940.
year. 1940 hour. _____ minute. 8; P. M.

21. I hereby certify that I attended the deceased from Dec. 16th, 1939, to Jan. 23, 1940, 19____;
that I last saw her alive on Aboute Jan. 20th 1940, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death. Bilateral pyelonephritis

Due to. 1330

Due to. _____

Other conditions. Terminal Bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings: Of operations. _____

Of autopsy. See above "cause of death"

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? _____

While at work? _____ (Specify type of place) (e) Means of injury. _____

23. Signature. P. J. O. Mana M.D. (M. D. or other)
Address. Supt. K.C. Gen. Hospital K.C. Mo. Date signed. 1-25-40

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

MOTHER FATHER

Office _____
Phone _____

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 me

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

L. H. Wise
#2570
Licensed Embalmer No. _____

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, above space should be left blank.