

S. No. 2
1-12-45
7-5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8972
Registrar's No. 1510

FILED APR 14 1947

Registration District No. 149

Primary Registration District No. 1002

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

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:
ST JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 WEEK (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 34

(c) City or town AVR. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. RFD # 2
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KATE CHRISTIAN

3. (b) If veteran, name war NO

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 ELMER E. CHRISTIAN

6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased MARCH 13 1972
(Month) (Day) (Year)

8. AGE: Years 75 ~~74~~ Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation HOUSE WIFE

MOTHER FATHER

11. Industry or business

12. Name MATHEWIA K. POIK 9

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

14. Maiden name ELIZABETH ELWOOD

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

16. (a) Informant Edward E. Christian

(b) Address 811 E 42nd St Kansas City Mo

17. (a) BURIAL (b) Date thereof APRIL 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PRAIRIE FLOWER MISSOURI

18. (a) Signature of funeral director D. N. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 4-1-47 (Date received local registrar)

(b) Thereldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 1ST
year 1947 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from 22
MAY 1947 to 1 April 1947
that I last saw her alive on 31 March 47 1947
and that death occurred on the date and hour stated above.

Immediate cause of death

Multiphase Pulmonary Infection
Cardiac Arrhythmia due to
Hypertensive Myocarditis

Other conditions: above
(Include pregnancy within 8 months of death)

Major findings:
Of operations _____

Of autopsy above

93.2

Duration _____

PHYSICIAN _____

Underline the cause to 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 _____

23. Signature D. M. Ward M.D. (M. D. or other) 0

Address 07. Presently absent Date signed April 47

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.....

John E. Straking....., Registered Apprentice No. *504*
working under my personal supervision.

Signed *E. Oscar Toth*.....

Licensed Embalmer No. *1767*.....

P. O. Address *Kansas City*.....

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.