

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

32881
State File No. _____
Registrar's No. **4206**

FILED NOV 4 1948
Registration District No. 49

Primary Registration District No. 1.002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital # 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community unknown (Specify whether years, months or days)

3: (a) PRINT FULL NAME Fales, Logie
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 W 2
6. (b) Name of husband or wife unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb 2 1948
(Month) (Day) (Year)

8. AGE: Years 84 Months 8 Days 14
If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER
12. Name John Raymond 9
13. Birthplace unknown 1
(City, town, or county) (State or foreign country)
14. Maiden name unknown 9
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Valentine Masley
(b) Address 2844 Summit - Kansas City, Mo.

17. (a) Burial & Co. (b) Date thereof 10-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cimden Mo.

18. (a) Signature of funeral director Thomas G. Carter
(b) Address Richmond, Mo.

19. (a) 10-16-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 512 Woodland 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month October day 16
year 1948 hour 1 minute 17 a.m.

21. I hereby certify that I attended the deceased from October 14 1948 to October 16 1948
that I last saw her alive on October 16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death malnutrition-starvation and acidosis

Due to _____
Due to _____

Other conditions (include pregnancy within 3 months of death) 6615

Major findings: Of operations _____
Of autopsy none

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? W. W. Hart (Specify type of place) (e) Means of injury
23. Signature W. W. Hart (M. D. or other) 310
Address Med Dir. Gen'l Hospital K.C. Mo. No. 10-16
Date signed 1948

NOV 5 1948

W. E. Burkhardt

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.....

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

Signed *Thomas J. Carter*
Licensed Embalmer No. *4474*
P. O. Address *Richmond, 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.