

No. 3000
10-47
17-39
PI 3908

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DEPARTMENT OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33087
Registrar's No. 4168

FILED NOV 4 1948

Registration District No. 199

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 40 yrs.
years, months or days)

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. 923 Genesee
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Helen Settle
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 Unknown
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 5 1868
(Month) (Day) (Year)

8. AGE: Years 80 Months 7 Days 21 If less than one day _____ hr. _____ min.

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

10. Usual occupation Pensioner

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (a) Informant Record Clerk
(b) Address K.C. General hosp. #1

17. (a) Anatomical (b) Date thereof 10-7-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Jackson County Med Soc.

18. (a) Signature of funeral director Walter Funeral Home
(b) Address 8332 Monitor Place, K.C., Mo.

19. (a) 10-13-48 (b) Seraline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 26
year 1948 hour 9 minute 50 P. M.

21. I hereby certify that I attended the deceased from Sept. 16 1948 to Sept. 26 1948.

that I last saw h. er alive on Sept. 26 1948, and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral hemorrhage

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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. Wash (Specify type of place) (e) Means of injury C.

23. Signature W. W. Wash (M. D. or other) W. W. Wash
Address Med. Dir. Cen'l Hosp. 9-27-48
Date signed

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Dr. Butler

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..... *Blaine E. Walnut*

Licensed Embalmer No. *4075*

P. O. Address..... *K.C., 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.