

FILED FEB 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1254
229

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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. LENGTH OF STAY (In this place) life	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1019 Monroe		d. STREET ADDRESS (If rural, give location) 1019 Monroe	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Helen	b. (Middle) Kopp	c. (Last) GEISS	(Month) Jan.	(Day) 12,	(Year) 1949
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 10-9-1890	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. COUNTRY OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles Kopp	13b. MOTHER'S MAIDEN NAME Helena Lillie	14. NAME OF HUSBAND OR WIFE John A. Geiss, 1019 Monroe
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mr. John A. Geiss, 1019 Monroe, K.C., Mo.

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Carcinoma		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary DUE TO (c) Carcinoma Cervix		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 171X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) / (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 0

22. I hereby certify that I attended the deceased from 10-19, 1946, to 1-12, 1949, that I last saw the deceased alive on 1-11, 1949, and that death occurred at 12:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens M.D.	23b. ADDRESS 1034 Rio Vista Block	23c. DATE SIGNED 1-14-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-15-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet
DATE REC'D BY LOCAL REG. 1-17-49		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
REGISTRAR'S SIGNATURE Suzaldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar, Kansas City, Mo.

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

Dr. H. H. Owen

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.....

Edna Cole

Student Embalmer No. *488*

working under my personal supervision.

Signed.....
Student Embalmer

Edna Cole

Signed.....

J. B. Ryan

Licensed Embalmer No. *2999*

P. O. Address.....
Kc

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.