No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4769

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 736

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City, Mo.
c. LENGTH OF STAY (In this place): 6 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Research Hospital, K.C., Mo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 416 East Olathe Poplar
d. STREET ADDRESS (If rural, give location): 416 East Pouplar

3. NAME OF DECEASED (Type or Print)
a. (First): Gertrude
b. (Middle): LaVern
c. (Last): Bearss

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 49

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: February 9, 1895
9. AGE (In years last birthday): 54 — If under 1 year: Months ~~0~~ Days ~~0~~ — If under 24 hrs.: Hours X Min. X
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: Housewife (Home)
11. BIRTHPLACE (State or foreign country): Jackson County, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Joshua Hoffecker
13b. MOTHER'S MAIDEN NAME: Cecilia Kessler
14. NAME OF HUSBAND OR WIFE: Daniel R. Bearss (Deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: ✓
17. INFORMANT'S SIGNATURE OR NAME: Daniel R. Bearss
ADDRESS: Olathe Kans.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer of Abdomen — INTERVAL BETWEEN ONSET AND DEATH: 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer of Breast — 8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
170X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2, 1949, *to* 2-17, 1949, *that I last saw the deceased alive on* 2-16, 1949, *and that death occurred at* 730 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. A. Wilkinson (Degree or title) M.D.
23b. ADDRESS: 1103 Grand Ave.
23c. DATE SIGNED: 2-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/19/49
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park, K.C., Mo
24d. LOCATION (City, town, or county) (State): Kansas City, Mo Missouri

DATE REC'D BY LOCAL REG.: 2-17-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: H. E. Julian
ADDRESS: Olathe Kas.

(Licensed Embalmer's Statement on Reverse Side)

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 .....

....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Chester L. Fleming

Licensed Embalmer No. 4569

P. O. Address Olathe, Kans.

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.