

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8578
1150

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>JACKSON</u> c. CITY OR TOWN <u>KANSAS CITY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> c. LENGTH OF STAY (in this place) <u>11</u> <u>35</u> years		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memmah Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3226 MYRTLE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) _____ c. (Last) <u>Price</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3 - 11 - 49</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 25, 1888</u>	9. AGE (In years last birthday) <u>60</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SHOE MAKER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>SHOE SHOP</u>	11. BIRTHPLACE (State or foreign country) <u>POLAND</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>ZOLMAN</u>	13b. MOTHER'S MAIDEN NAME <u>ZELDA NEEDLE</u>	14. NAME OF HUSBAND OR WIFE <u>FANNIE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>FANNIE PRICE</u> ADDRESS <u>3226 MYRTLE K.C., MO.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cecum and stomach</u>	DUE TO (b) <u>Primary probably in stomach</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>15th</u>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of Cecum and stomach</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Jan 19, 1949, to March 11, 1949 that I last saw the deceased alive on March 11, 1949, and that death occurred at 1:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. S. Hoffman</u> (Degree or title) <u>D.M.D.</u>	23b. ADDRESS <u>408 Argyle Bldg, K.C. Mo</u>	23c. DATE SIGNED <u>3-12-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MARCH 13, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>SHEFFIELD</u> (City, town, or county) <u>K.C.</u> (State) <u>MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-12-49</u>	REGISTRAR'S SIGNATURE <u>Thalaine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.P. LOUIS FUNERAL HOME</u> ADDRESS <u>3400 Woodlawn K.C., MO.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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

Greg Buffington
Licensed Embalmer No. *2756*

P. O. Address

R. 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.