

FILED JUN 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19401

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2343		
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 town) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sugar Creek		40 3 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital				d. STREET ADDRESS (If rural, give location) 914 N. Claremont				
3. NAME OF DECEASED (Type or Print) a. (First) Kate			b. (Middle) Louise		c. (Last) Ashcraft		4. DATE OF DEATH (Month) (Day) (Year) May 31, 1949	
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH July 26, 1887		9. AGE (in years last birthday) 61 IF UNDER 1 YEAR: Months Days IF UNDER 1 HR.: Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY self employed		11. BIRTHPLACE (State or foreign country) St. Clair Co., Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Thomas Pitt			13b. MOTHER'S MAIDEN NAME Ruth Reynolds		14. NAME OF HUSBAND OR WIFE Wm. R. Ashcraft			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) none		16. SOCIAL SECURITY NO. —		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. R. Ashcraft, Sugar Creek, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Metastatic Carcinoma of Lung ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of breast DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 170X					INTERVAL BETWEEN ONSET AND DEATH 3 mos	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from 3-1, 1949, to 5-31, 1949; that I last saw the deceased alive on 5-31, 1949, and that death occurred at 4:45 A. M., from the causes and on the date stated above.								
23a. SIGNATURE (Print name) Geraldine Holme				23b. ADDRESS Independence, Mo		23c. DATE SIGNED 5-31-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5-31-49		24c. NAME OF CEMETERY OR CREMATORY Grand Grove		24d. LOCATION (City, town, or county) (State) Independence, Mo		
DATE REC'D BY LOCAL REG. 5-31-49		REGISTRAR'S SIGNATURE Geraldine Holme		25. FUNERAL DIRECTOR'S SIGNATURE G. C. Benson		ADDRESS Independence, Mo.		

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed *Hoyt C. Carson*

Licensed Embalmer No. *4199*

Signed.....
Student Embalmer

-P. O. Address *Independence, 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.