

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19803
2778

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 2454 Michigan Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE		c. (Last) YEARGANS	
5. SEX FEMALE		8. DATE OF BIRTH JUNE 7 1886	
6. COLOR OR RACE NEGRO		9. AGE (In years last birthday) 63	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		10. KIND OF BUSINESS OR INDUSTRY DOMESTIC WORK	
11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME GEORGE CONROY		13b. MOTHER'S MAIDEN NAME IDA ALEXANDER	
14. NAME OF HUSBAND OR WIFE James Yeargans		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME BEULAH PULLAM ADDRESS 2427 Paseo	
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, athermia, etc. It means the disease, injury, or complication which caused death.		MEDICAL EXAMINATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (CLINICAL) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC NEPHRITIS GENERALIZED ARTERIOSCLEROSIS WITH DUE TO (c) HYPERTENSIVE HEART DISEASE II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CEREBRAL VASCULAR ACCIDENT	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 <u>6/16/</u> , 19 <u>49</u> , to <u>6/25/</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6/25/</u> , 19 <u>49</u> , and that death occurred at <u>4:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE E. Frank Ellis		23b. ADDRESS 600 East 22nd Street	
23c. DATE SIGNED 6/27/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE 6/27/49		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE Walden Bros. 1729 Lydia	
DATE REC'D BY LOCAL REG. 6-27-49		REGISTRAR'S SIGNATURE Sheraldine Holmes	

(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. 327

working under my personal supervision.

Student Lester Lilly
Student Embalmer

Signed Jerome Menlove

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.