

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23356
State File No. 2958

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

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| 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 OR TOWN Kansas City) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| c. LENGTH OF STAY (in this place) 6 mos | | d. STREET ADDRESS (If rural, give location) 3724 Flora | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3724 FLORA | | | |

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|--|---------------------|--|--|------------------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) WILLIARD | b. (Middle) RAYMOND | c. (Last) DEARDORFF | (Month) July | (Day) 7 | (Year) 1949 |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Aug. 6, 1906 | 9. AGE (in years last birthday) 42 | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welder | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |

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| 13a. FATHER'S NAME Frank S. Deardorff | 13b. MOTHER'S MAIDEN NAME Bessie Waters | 14. NAME OF HUSBAND OR WIFE Mary Frances Deardorff |
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| 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. 353-09-5600 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mas Mary Frances 3724 Flora |
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|---|--|--|--|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchiogenic Carcinoma left Lung. | | b. extensive metastasis | | 15 months |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | c. Bone, lymph nodes, liver, pancreas. | | 8 months |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) 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 Jan. 1, 1949, to July 7, 1949, that I last saw the deceased alive on May 6, 1949, and that death occurred at 2:50 AM., from the causes and on the date stated above.

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| 23a. SIGNATURE Philip C. Kaul (Degree or title) R. S. Kaul | 23b. ADDRESS Univ. Kans. Med. Cent. | 23c. DATE SIGNED 8 July 49 |
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| | | | |
|---|------------------|------------------------------------|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | 24b. DATE 7/8/49 | 24c. NAME OF CEMETERY OR CREMATORY | 24d. LOCATION (City, town, or county) (State) Avalon, Missouri |
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| | | |
|---------------------------------|--|--|
| DATE REC'D BY LOCAL REG. 7-8-49 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE UND. CO. KANSAS CITY, MO. |
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Paul -
Union of Kans
Hotel Jointed
8-30 A.M.

1949
AUG 3

SEP 2 1949

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 May E Meyer

Licensed Embalmer No. 14555

P. O. Address Kansas City, 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.