

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39070
3906

FILED OCT 1 1949

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|---|--|---|--|---|-------------|---|------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>3906</u> | | |
| 1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u> | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | c. LENGTH OF STAY (In this place) <u>30 yrs</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> | | d. STREET ADDRESS (If rural, give location) <u>6218 E 15 Terr</u> | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6218 E 15 Terr</u> | | | | d. STREET ADDRESS (If rural, give location) <u>6218 E 15 Terr</u> | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>Salome</u> | | | a. (First) | | b. (Middle) | | c. (Last) <u>Antic</u> | |
| 4. DATE OF DEATH | | (Month) <u>9</u> | | (Day) <u>10</u> | | (Year) <u>49</u> | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>Wh.</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wid.</u> | | 8. DATE OF BIRTH <u>6-25-1878</u> | | |
| 9. AGE (In years last birthday) <u>71</u> | | if UNDER 1 YEAR Months <u>2</u> Days <u>19</u> | | if UNDER 1 HR. Hours <u>2</u> Min. | | 11. BIRTHPLACE (State or foreign country) <u>ALSACE LOYRAINE</u> | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | |
| 13a. FATHER'S NAME <u>CHRISTIAN JUNG</u> | | | 13b. MOTHER'S MAIDEN NAME <u>ELIZABETH SCHNEFF</u> | | | 14. NAME OF HUSBAND OR WIFE <u>LAWRENCE ANTIC</u> | | |
| 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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Catherine Evey Hart</u> | | |
| 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. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Auricular Fibrillation</u> | | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>None</u> | | | | | | |
| 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) (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 <u>March 5, 1949</u> , to <u>Sept. 10, 1949</u> , that I last saw the deceased alive on <u>Sept. 9, 1949</u> , and that death occurred at <u>11:5A</u> m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE <u>Kenneth A. Davis</u> | | | | 23b. ADDRESS <u>201 P129 Theater Bldg</u> | | 23c. DATE SIGNED <u>Sept. 10, 1949</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-12-49</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>9-12-49</u> | | REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>John P. Shue</u> | | ADDRESS <u>16 No</u> | | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

John P. Shield

Signed.....
Student Embalmer

Licensed Embalmer No. 3625

P. O. Address K. 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.