

FILED NOV 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **37167**  
**4536**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b> b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <b>KANSAS CITY</b> c. LENGTH OF STAY (In this place) <u>13</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>GENERAL HOSPITAL #2</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b> d. STREET ADDRESS (If rural, give location) <b>724 Campbell Street</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>FRANK</b> b. (Middle) _____ c. (Last) <b>CHAMP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCTOBER 14 1949</b>						
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>NEGRO</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>		8. DATE OF BIRTH <b>NOVEMBER 25 1887 61</b>			
9. AGE (In years last birthday) _____		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>		11. BIRTHPLACE (State or foreign country) <b>Unknown</b>			
11. BIRTHPLACE (State or foreign country) <b>Unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>TOM CHAMP</b>		13b. MOTHER'S MAIDEN NAME <b>AMY CHAMP</b>			
13a. FATHER'S NAME <b>TOM CHAMP</b>		13b. MOTHER'S MAIDEN NAME <b>AMY CHAMP</b>		14. NAME OF HUSBAND OR WIFE <b>Unknown</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Health Recorder K.C. Mo.</b>		ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>HYPERTENSIVE HEART DISEASE WITH FAILURE OF BOTH VENTRICLES AND DECOMPENSATION.</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
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) (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>9/21/1949</u> , to <u>10/14/1949</u> , that I last saw the deceased alive on <u>10/14/1949</u> , and that death occurred at <u>2:30P m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <b>Frank Ellis M.D.</b>		23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>10/15/49</b>					
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>10-24-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>University of K.C.</b>					
24d. LOCATION (City, town, or county) (State) <b>51 Rockhill Road Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H.B. Moore</b>		ADDRESS <b>1820 E. 18th St</b>					
DATE REC'D BY LOCAL REG. <b>10-24-49</b>		REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>		ADDRESS _____					

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

(Licensed Embalmer's Statement on Reverse Side)

**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 AB Moore

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18th

**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.