

FILED DEC 17 1949

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41030**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. **5106**

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| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Missouri</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>203 E. 36th Conv. Home</u> | | d. STREET ADDRESS (If rural, give location) <u>203 E. 36th</u> | |

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|--|---------------------------|--|---|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>F.</u> c. (Last) <u>Call</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 30 1949</u> | | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u> | 8. DATE OF BIRTH <u>May 21, 1864</u> | | 9. AGE (In years last birthday) <u>85</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>New York</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | | | | |

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| 13a. FATHER'S NAME <u>William Call</u> | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Doud</u> | 14. NAME OF HUSBAND OR WIFE <u>NONE</u> |
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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) <u>No</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>F. P. Burnap</u> ADDRESS <u>203 E. 36th K. C. Mo.</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>17 days</u> |
| | ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>General Arterio-sclerosis</u> | | |
| | DUE TO (c) <u>332 X</u> | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Terminal Hypostatic Pneumonia</u> | | <u>24 hrs.</u> | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from Nov. 1945 to Nov 30, 1949, that I last saw the deceased alive on Nov 30, 1949, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

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|---|--------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Edw. H. Hashinger</u> (Degree or title) <u>MO</u> | 23b. ADDRESS <u>Kansas City, Mo.</u> | 23c. DATE SIGNED <u>12/1/49</u> |
|---|--------------------------------------|---------------------------------|

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|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION REMOVAL (Specify) <u>cremation</u> | 24b. DATE <u>12/2/49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Elmwood Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO.</u> |
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|---|---|---|
| DATE REC'D BY LOCAL REG. <u>12-2-49</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & McClure</u> ADDRESS <u>K. C. Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

*100 E. Broadway
Chicago, Ill.
175*

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 *S. J. Allen*

Licensed Embalmer No. *1415*

P. O. Address *F. 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.