

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41267

Registrar's No. 5094

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5094</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>15 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		91 2/8			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7539 LOCUST STREET</u>				d. STREET ADDRESS (If rural, give location) <u>7539 LOCUST STREET</u>					
3. NAME OF DECEASED (Type or Print) <u>HAROLD JAMES RACETTE</u>			a. (First)			b. (Middle)			
c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV.-28-1949</u>						
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JAN-9-1903</u>		9. AGE (In years last birthday) <u>46 YEARS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES REPRESENTATIVE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FLEXIBLE STEEL LACING CO.</u>		11. BIRTHPLACE (State or foreign country) <u>CHICAGO ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>ARTHUR W. RACETTE</u>			13b. MOTHER'S MAIDEN NAME <u>ISABELLE WILSON</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MARGARET F. RACETTE</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>337-03-8426</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MARGARET F. RACETTE</u>				ADDRESS <u>7539 LOCUST ST. KANSAS CITY, MO.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Primary Carcinoma of Left Kidney with metastases to lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Left Kidney with metastases to lung</u> DUE TO (c) <u>metastases to lung</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Pathologist 180X</u>						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5:45 P.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>A. E. Upsher</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>2800 Main</u>			23c. DATE SIGNED <u>11/28/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 1, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Moriah Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>12-1-49</u>		REGISTRAR'S SIGNATURE <u>Stewardine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>		ADDRESS <u>1337 BRUSH CREEK KANSAS CITY, MO.</u>			

(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. _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed *Doyle L. Daniel*
Licensed Embalmer No. *4702*

P. O. Address *KCMO.*

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.