

FILED DEC 17 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **41360**

Registrar's No. **5188**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>5188</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Virginia</b> b. COUNTY <b>Henry</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 week</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Martinsville</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>Cornerstone Apts.</b>			
3. NAME OF DECEASED (Type or Print) <b>LENNIE</b>		a. (First)		b. (Middle) <b>MAY</b>		c. (Last) <b>WILLIAMS</b>	
5. SEX <b>fe</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Aug 3 1879</b>	
9. AGE (In years last birthday) <b>70</b>		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Hours Min.		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 5 1949</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>home maker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>at home</b>		11. BIRTHPLACE (State or foreign country) <b>Mercer Mo ( )</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Matthew Falkner</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Ockerman</b>			14. NAME OF HUSBAND OR WIFE <b>Emmett V.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>-</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>E.V. Williams Martinsville Va.</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>PULMONARY EDEMA</b>		ANTECEDENT CAUSES				<b>48 hrs.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <b>LEFT VENTRICULAR FAILURE</b>				<b>48 hrs.</b>	
		DUE TO (c) <b>ARTERIOSCLEROTIC HEART Dis.</b>				<b>Years</b>	
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 <b>42<sup>nd</sup></b>				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) <b>Kansas City Jackson Mo.</b>			
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?			
22. I hereby certify that I attended the deceased from <b>Dec. 3 1949</b> to <b>Dec 5 1949</b> , that I last saw the deceased alive on <b>Dec 4 1949</b> and that death occurred at <b>2 A. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Jesse D. Hising</b> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>1103 Grand Ave Mo</b>		23c. DATE SIGNED <b>12-6-49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12-7-1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Rose Hill</b>		24d. LOCATION (City, town, or county) (State) <b>Parnell Mo</b>	
DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE <b>12-7-49 J. M. Holmes</b>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mo. C.H. Blackman &amp; Son, Inc Kansas City</b>			

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.

Student \_\_\_\_\_

Student Embalmer

Signed Ross Blanford

Licensed Embalmer No. 4015

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.