

FILED FEB 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4816

State File No.

492

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

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) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
c. LENGTH OF STAY (In this place) <u>1933</u>		d. STREET ADDRESS (If rural, give location) <u>2200 Forest</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley-Providence</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Norene</u> b. (Middle) <u>B.</u> c. (Last) <u>Davis</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 29, 1950</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>July 17, 1912</u>		9. AGE (In years of last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>	
11. BIRTHPLACE (State or foreign country) <u>Stroud, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	

13a. FATHER'S NAME <u>John Burge</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Davis</u>		14. NAME OF HUSBAND OR WIFE _____	
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. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Kathryn White</u> ADDRESS <u>1208 Wash. Blvd.</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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypertensive Cordis Scaeler</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr</u>	
		ANTECEDENT CAUSES <u>None</u>			
		MORBID 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 <u>Cardiac Decomposition</u>		<u>10 days</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>443X</u>		20. AUTOPSY? YES <input 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) _____		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 Jan 16, 1950, to Jan 29, 1950, that I last saw the deceased alive on Jan 29, 1950, and that death occurred at 1:35 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arthur H. Hibbler</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2734 Olive</u>		23c. DATE SIGNED <u>Feb 1 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Cemetery</u>	
		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			

DATE REC'D BY LOCAL REG. <u>2-2-50</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		FURNERAL DIRECTOR'S SIGNATURE <u>Kathryn W. Hatten</u>	
				ADDRESS <u>K. C. K.</u>	

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

FEB 21 1950

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 Nathan W. Heath _____

Licensed Embalmer No. 2700 _____

P. O. Address F. C. K. _____

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.