

FILED JUN 10 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17030

State File No.

2337

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>2337</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>UNKNOWN Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>UNK</u> b. COUNTY <u>UNK</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNKNOWN Kansas CITY</u> | | c. LENGTH OF STAY (In this place) <u>UNK</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>UNK 3008</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>UNK 413 N. Hardcastle</u> | | | | d. STREET ADDRESS (If rural, give location) <u>UNK</u> <u>0</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | a. (First) <u>UNKNOWN</u> | | b. (Middle) <u>UNKNOWN</u> | | c. (Last) <u>UNKNOWN</u> | |
| 4. DATE OF DEATH | | (Month) <u>UNK</u> | | (Day) <u>5-21-50</u> | | (Year) <u>50</u> | |
| 5. SEX <u>MALE</u> | | 6. COLOR OR RACE <u>WHITE</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u> | | 8. DATE OF BIRTH <u>UNK</u> | |
| 9. AGE (In years last birthday) <u>6 W.K.</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) <u>UNK</u> <u>9</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>unknown</u> | | 13a. FATHER'S NAME <u>UNK</u> | | 13b. MOTHER'S MAIDEN NAME <u>UNK</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. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>CORONER Office K.C. Mo.</u> 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, ashenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Death from strangulation</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. | | | | <u>6987X</u> | |
| 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) <u>Homicide</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>413 N. Hardcastle</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson Mo.</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>strangulation</u> | | | |
| 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 _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Geo. G. Kealhofer</u> (Degree or title) | | | | 23b. ADDRESS <u>3447 Peasport St. Mo.</u> | | 23c. DATE SIGNED <u>5-22-50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>5-24-50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>5-24-50</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Shiel</u> ADDRESS <u>K.C. MO.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

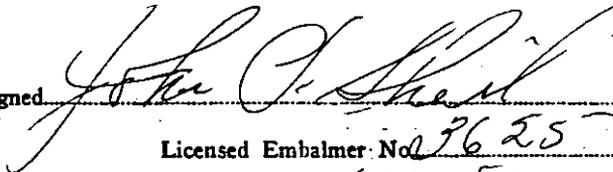
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 9625

P. O. Address K.C. Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.