

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26767

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3570

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City, Mo</b>		c. LENGTH OF STAY (In this place) <b>9 Yrs</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>615 East Armour</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City Missouri</b>	
		d. STREET ADDRESS (If rural, give location) <b>615 East Armour</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Mrs Pearl</b> b. (Middle) <b>Mae</b> c. (Last) <b>BOTTS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8--18--1950</b>		
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5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 21 1915</b>		9. AGE (In years last birthday) <b>35</b>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Deministrator</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>General Mills Inc</b>				11. BIRTHPLACE (State or foreign country) <b>Esckridge Kansas</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Eli Tucker</b>		13b. MOTHER'S MAIDEN NAME <b>Mahala Cook</b>		14. NAME OF HUSBAND OR WIFE <b>Edward Botts</b>	
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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) <b>No</b>		16. SOCIAL SECURITY NO. <b>509-18-0491</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edward Botts</b>		ADDRESS <b>615 East Armour</b>	
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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.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Shock + Hemorrhage resulting from Bullet wound of chest</b>							
		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.						<b>E976</b>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>suicide</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>615 East Armour</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City Jackson Mo</b>	
21d. TIME OF INJURY <b>8-18-50 7:40 P.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Sunshot wound</b>	

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 <b>Geo. C. Kealhofer</b> (Degree or title) <b>Geo. C. Kealhofer, M.D., Health Officer</b>		23b. ADDRESS <b>3447 Prospect St. C. Mo</b>		23c. DATE SIGNED <b>8-19-50</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8-22-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Esckridge Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Esckridge Kansas</b>	
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DATE REC'D BY LOCAL REG. <b>8-21-50</b>		REGISTRAR'S SIGNATURE <b>Staldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>France-Wornall Funeral Home</b>		ADDRESS	
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(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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Russell N. France*

Licensed Embalmer No. *4255*  
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.