

FILED SEP 11 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 3218

BIRTH NO. REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 337

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) Independence 0484		OR TOWN
d. FULL NAME OF HOSPITAL OR INSTITUTION Indep Sanitarium			d. STREET ADDRESS (If rural, give location) 122 E Linden		

3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) C.		c. (Last) Soaper		4. DATE OF DEATH (Month) (Day) (Year) Aug 26-50		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 20-1869		9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Month	IF UNDER 1 HRS. Hours	IF UNDER 15 MINS. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Effingham Ill		12. CITIZEN OF WHAT COUNTRY?		

13a. FATHER'S NAME John Munday		13b. MOTHER'S MAIDEN NAME Josephine Stockoff		14. NAME OF HUSBAND OR WIFE B. Frank Soaper			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 3524		17. INFORMANT'S SIGNATURE OR NAME B. Frank Soaper		ADDRESS Indep, Mo	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral tumor left temporal base - Clin early.				INTERVAL BETWEEN ONSET AND DEATH 4 weeks	
		ANTECEDENT CAUSE Morbidity conditions, if any, giving rise to the above cause (b) 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.				193X	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION No operation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (i.e., 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 July 28, 1950, Aug 26, 1950 that I last saw the deceased alive on Aug 25, 1950 and that death occurred at 12:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE C. H. Allen		(Degree or title) M.D.		23b. ADDRESS Independence, Mo		23c. DATE SIGNED Aug 26/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 28		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town or county) (State) Independence Mo.			
DATE REC'D BY LOCAL REG. 8-28-1950		REGISTRAR'S SIGNATURE Miss M. A. ...		3524		25. FUNERAL DIRECTOR'S SIGNATURE Ott + Mitchell		ADDRESS Indep, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 5 RECD

SEP 27 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.....

.....  
working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No.....

Licensed Embalmer No. 3156

P. O. Address Independence, 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.