

FILED SEP 23 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38367**

BIRTH NO.		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>38367</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Jackson</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City Mo</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>K. C. Mo.</b>		d. STREET ADDRESS (If rural, give location) <b>429 East 12<sup>th</sup> 3170</b>	
c. LENGTH OF STAY (in this place) <b>20 yrs.</b>		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) <b>Leo</b>		b. (Middle) <b>Kong (Frank)</b>		c. (Last) <b>Deo</b>		Date: <b>Sept 7-1950</b>	
(Type or Print)		6. COLOR OR RACE <b>Chinese</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Unknown</b>	
9. AGE (In years, months, days, hours, min.) <b>60</b>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chinese Foodst</b>		11. BIRTHPLACE (State or foreign country) <b>China</b>	
12. CITIZEN OF WHAT COUNTRY? <b>China</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>--</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Don Joy, 11 West 12<sup>th</sup> St</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b>				<b>3 mos.</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.		ANTECEDENT CAUSES				DUE TO (b) <b>Chronic glomerular nephritis</b>	
		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <b>Hypochromic anemia</b>	
		II. OTHER SIGNIFICANT CONDITIONS:				DUE TO (d) <b>Pericarditis</b>	
		Conditions contributing to the death but not related to the disease or condition causing death.				DUE TO (e) <b>Pericarditis</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <b>592X</b>	
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)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from <b>6-21</b> 19 <b>50</b> , to <b>Sept. 7</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>Sept 6</b> , 19 <b>50</b> , and that death occurred at <b>9:30</b> A.M., from the causes and on the date stated above.							
23a. SIGNATURE <b>Joseph E. Welker</b> (Degree or title) <b>Joseph E. Welker M.D.</b>				23b. ADDRESS <b>836 Prof Bldg. 15. C. Mo.</b>		23c. DATE SIGNED <b>9/8/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Sept-11<sup>th</sup></b>		24c. NAME OF CEMETERY OR CREMATORY <b>Highland Park</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kans</b>	
DATE REC'D BY LOCAL REG. <b>9-9-50</b>		REGISTRAR'S SIGNATURE <b>Gertrude Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>D. Donnell Martiney - K. C.</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

*John W. Laybawme*

Licensed Embalmer No. 1715

P. O. Address R. e. 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.