

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

33486

State File No.

No. 300
10. 48

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| BIRTH NO. <u>65144-50</u> | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>4143</u> | | | | |
| 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) KANSAS CITY | | | c. LENGTH OF STAY (In this place) <u>Life</u> | | | c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2 | | | | d. STREET ADDRESS (If rural, give location) 2015 Bales Street | | | | <u>3-38</u> <u>37-0</u> | | |
| 3. NAME OF DECEASED (Type or Print) ALTO | | a. (First) | | b. (Middle) MARIE | | c. (Last) DENT | | 4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 29 1950 | | |
| 5. SEX FEMALE | | 6. COLOR OR RACE NEGRO | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE | | 8. DATE OF BIRTH SEPTEMBER 29 1950 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 10 51 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI | | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME LaFOREST JAMES DENT | | | 13b. MOTHER'S MAIDEN NAME GLADYS ERNESTINE HILL | | | 14. NAME OF HUSBAND OR WIFE none | | | | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS GLADYS ERNESTINE DENT 2015 Bales Street | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY ATELECTASIS | | | | | | 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. | | | | | | 76-0 | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | | 20. AUTOPSY? YES <input checked="" 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 <u>9-29</u> , 19 <u>50</u> to <u>9-29</u> , 19 <u>50</u> that I last saw the deceased alive on <u>9-29</u> , 19 <u>50</u> , and that death occurred at <u>8:58P</u> m., from the causes and on the date stated above. | | | | | | | | | | |
| 23a. SIGNATURE E. Frank Ellis | | | | (Degree or title) MD | | 23b. ADDRESS 600 East 22nd Street | | 23c. DATE SIGNED 10-2-50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE 10-2-50 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | | | | |
| DATE REC'D BY LOCAL REG. 10-2-50 | | REGISTRAR'S SIGNATURE Verdine Holmes | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. K.C. Mo. | | | | | |

(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.

Student Embalmer No.....

Signed.....

C. Kenneth Kerford

Signed.....
Student Embalmer

Licensed Embalmer No. *4430*

P. O. Address.....

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.