No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4898

FILED MAR 8 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 900

1. PLACE OF DEATH
a. COUNTY: Jackson 0
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 34 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital No. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson 2438
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 709 E. 25 St. 43 6

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): H.
c. (Last): Charlier

4. DATE OF DEATH (Month) (Day) (Year): 2 24 52

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 2/27/1873

9. AGE (In years last birthday): 78
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): Elevator Operator

10b. KIND OF BUSINESS OR INDUSTRY: Fred Harvey

11. BIRTHPLACE (State or foreign country): Belgium 4

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frederick Charlier

13b. MOTHER'S MAIDEN NAME: Terrica Gilbert

14. NAME OF HUSBAND OR WIFE: Mrs. Jennie Charlier

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 495-24-2776

17. INFORMANT'S SIGNATURE OR NAME: Mrs. Jennie Charlier
ADDRESS: K.C. Missouri

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 encephalomalacia — 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: Pulmonary congestion and edema — 33 4
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

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) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, *19* 52 *to* Feb. 24, *19* 52, *that I last saw the deceased alive on* Feb. 24, *19* 52, *and that death occurred at* 1:50A *m., from the causes and on the date stated above.*

23a. SIGNATURE E. H. Stratemeier (Degree or title) MD
23b. ADDRESS: 24th & Cherry
23c. DATE SIGNED: 2-25-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/27/52
24c. NAME OF CEMETERY OR CREMATORY: Memorial Chapel Hills Gardens
24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG.: 2-26-52
REGISTRAR'S SIGNATURE: Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE
ADDRESS: GATES FUNERAL HOME, KC. KANSAS

(Licensed Embalmer's Statement on Reverse Side)

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 Jimmy S. Huckshorn

Licensed Embalmer No. 4092

P. O. Address Marion, Kansas

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.