No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 29 1952

State File No. 8246

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1241

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 68 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Menorah Hospital Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 5007 Troost Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Andie

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 52

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC. 19, 1883
9. AGE (In years last birthday): 68
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): Wilson Flynn Johnson Comm. Co.
10b. KIND OF BUSINESS OR INDUSTRY: STOCK YARDS
11. BIRTHPLACE (State or foreign country): KANSAS CITY, KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: —
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: MRS. MABEL ANDIE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 486-09-3335
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Mabel Andie
ADDRESS: 5007 Troost Ave. K.C. 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) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
(b) DUE TO (b) Acute Glomerulonephritis — 2 wks
(c) DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* — 590X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ 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* _____, 1950, *to* 3-14, 1952, *that I last saw the deceased alive on* 3-13, 1952, *and that death occurred at* 10:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Harry B. Cohen (Degree or title) M.D.
23b. ADDRESS: 318 Argyle Bldg.
23c. DATE SIGNED: 3-15-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MARCH 17, 1952
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAN CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG.: 3-17-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: L. H. Newcomer's Sons, Kansas City, Mo.
ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

Hea 4226

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 Basil V. Honey

Licensed Embalmer No. 4724

P. O. Address Ashland, Ma

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.