

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1138

MAR 22 1952

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 4 21-26	
c. LENGTH OF STAY (In this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 4443 Virginia Ave 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Gen, Hospital No. I			

3. NAME OF DECEASED (Type or Print) Carl	a. (First)	b. (Middle) Isaac	c. (Last) Scharp	4. DATE OF DEATH (Month) 3 (Day) 8 (Year) 52
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5. SEX M	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sex 4 1884	9. AGE (In years last birthday) 68	10. UNDER 1 YEAR Months	11. UNDER 1 YEAR Days	12. UNDER 1 YEAR Hours	13. UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Reader	10b. KIND OF BUSINESS OR INDUSTRY K.C. Water Dept	11. BIRTHPLACE (State or foreign country) Nebraska City, Neb.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Peter Scharp	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Mrs Bertha Scharp
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) Yes W.W.I.	16. SOCIAL SECURITY NO. 488-22-3298	17. INFORMANT'S SIGNATURE OR NAME Mrs Bertha Scharp	18. ADDRESS K.C. Mo
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aneurysm of aorta		INTERVAL BETWEEN ONSET AND DEATH
	DUE TO (b) arteriosclerosis		HEIX
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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I hereby certify that I attended the deceased from 3-7, 1952, to 3-8, 1952, that I last saw the deceased alive on 3-8, 1952, and that death occurred at 3:10 A.M., from the causes and on the date stated above.

22a. SIGNATURE B.I. Burns (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAR-10-1952	24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEM.	24d. LOCATION (City, town, or county) (State) KANSAS CITY Mo
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DATE REC'D BY LOCAL REG. 3-10-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer	ADDRESS Kansas City, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAR 22 1948

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 Robert C. Korman.....

Licensed Embalmer No. 4849.....

P. O. Address K C 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.