

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16358

State File No.

FILED JUN 7 1952

2257

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

| | | | |
|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY JACKSON 0 | | 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) OR TOWN Kansas City | | c. LENGTH OF STAY (in this place) SOYEARS | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION MEMORAH HOSPITAL | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY 2748 | |
| | | d. STREET ADDRESS (If rural, give location) 5300 OAK STREET 2748 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) LILA | | b. (Middle) T. | |
| | | c. (Last) CARPENTER | |
| 4. DATE OF DEATH (Month) (Day) (Year) 5 - 14 - 52 | | 5. SEX FEMALE | |
| 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | |
| 8. DATE OF BIRTH JULY 28 1871 | | 9. AGE (In years last birthday) 80 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country) BELLEVILLE KANSAS | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME HENRY FEENEY | | 13b. MOTHER'S MAIDEN NAME MARY ANN | |
| 14. NAME OF HUSBAND OR WIFE JAMES A. CARPENTER | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | |
| 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS JAMES A. CARPENTER 5300 OAK STREET KANSAS CITY 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) Essential Hypertension | |
| DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 6 years | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 3317 | |
| 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) (Minute) | |
| 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 May 13, 1952, to May 14, 1952, and that death occurred at 6:15 p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Jack W. Wolf MD (Degree or title) | | 23b. ADDRESS 206 Maple St Kansas City Mo | |
| 23c. DATE SIGNED May 16 52 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | |
| 24b. DATE MAY 17 1952 | | 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY | |
| 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. N. Newcomer's Sons 1391 BRUSH CREEK KANSAS CITY, MO. | |
| DATE REC'D BY LOCAL REG. 5-17-52 | | REGISTRAR'S SIGNATURE Geraldine Holmes | |

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

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 R. Bidman

Licensed Embalmer No. *4531*

P. O. Address *Kansas City, 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.