

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9837**

FILED APR 9 1953

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **1614**

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE KANSAS b. COUNTY WYANDOTTE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place) 3 WEEKS	c. CITY OR TOWN KANSAS CITY
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARY'S HOSPITAL		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 950	
e. STREET ADDRESS (If rural, give location) 2926 METROPOLITAN AVE.			

3. NAME OF DECEASED (Type or Print) a. (First) HOWARD b. (Middle) JASPER c. (Last) FRANCIS	4. DATE OF DEATH (Month) (Day) (Year) MARCH-20-1953
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH FEB-21-1907	9. AGE (In years last birthday) 46	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 2 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCCER-OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY 2926 METROPOLITAN KANSAS CITY, KANSAS	11. BIRTHPLACE (City and State or Foreign Country) OHIO POSTOFFICE MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME TAYLOR Y. FRANCIS	13b. MOTHER'S MAIDEN NAME NORA M. MASTERSON	14. NAME OF HUSBAND OR WIFE MRS. MILDRED FRANCIS
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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. 494-18-9081	17. INFORMANT'S SIGNATURE OR NAME MRS. MILDRED FRANCIS	ADDRESS 2926 METROPOLITAN KANSAS CITY, KANS.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		sudden
	ANTECEDENT CAUSES DUE TO (b) Coronary occlusion with infraction DUE TO (c) Coronary sclerosis		3 weeks indefinite
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Congenital polycystic kidneys			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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)	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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22. I hereby certify that I attended the deceased from **February 27, 1953**, to **March 20, 1953**, that I last saw the deceased alive on **March 20, 1953** and that death occurred at **9:45 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE E. G. Neighbor (Degree or title) MD MD	23b. ADDRESS 14200 42nd ST. ROCKS	23c. DATE SIGNED 21 MAR '53
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24a. BURIAL CREMATION REMOVAL (Specify) BURIAL	24b. DATE MAR-23-1953	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) APPLETON CITY MISSOURI
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DATE REC'D BY LOCAL REG. 3-21-53	REGISTRAR'S SIGNATURE Sheraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer	ADDRESS 1331 GRUSH CREEK KANSAS CITY, MO.
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VS JAN 13 1960

APR 6 1959

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.....
Signature of Student Embalmer

Signed *Albert L. Savage*

Licensed Embalmer No. *481*

P. O. Address *Farmers C*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.