

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>10 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3741 GARNER</u>		e. STREET ADDRESS (If rural, give location) <u>3741 GARNER</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>REBECCA</u> b. (Middle) <u>ELLEN</u> c. (Last) <u>MEDLEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April-15-1954</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 30-1891</u>
9. AGE (In years last birthday) <u>62</u>		10. IF UNDER 1 YEAR Months Days Hours Min. <u>- - - -</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Marshfield, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jim Young</u>		13b. MOTHER'S MAIDEN NAME <u>Elija Jane White</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Medley</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Raymond Clarence Tangorra</u> ADDRESS <u>Ke...</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES DUE TO (b) <u>Chronic Venous Thrombosis</u>	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (c) <u>Arteriosclerosis</u>		II. OTHER SIGNIFICANT CONDITIONS <u>Pulmonary Embolus</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
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) _____	
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 <u>4-2</u> , 19 <u>54</u> , to <u>4-15</u> , 1954, that I last saw the deceased alive on <u>4-15</u> , 1954, and that death occurred at <u>8:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>David Waxman</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>4802 Prospect</u>	
23c. DATE SIGNED <u>4-15-54</u>		24a. BURIAL, CREMATION, REMOVAL _____	
24b. DATE <u>April 19 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mo. Olive</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		DATE REC'D BY LOCAL REG. _____	
REGISTRAR'S SIGNATURE <u>Gerlaine Smith</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. Blackman & Son Inc.</u> ADDRESS <u>K.C. Mo.</u>	

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

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 *W.C. Quinn*.....

Licensed Embalmer No...4871

P. O. Address *K.O. M.*

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.