

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12309**

BIRTH NO. _____ REG. DIST. NO. **146** PRIMARY REG. DIST. NO. **3026** Registrar's No. **175**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY OR TOWN Independence		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 3 wks		d. STREET ADDRESS (If rural, give location) 3307 Genesse	
d. FULL NAME OF HOSPITAL OR INSTITUTION 11106 Winner Rd			

3. NAME OF DECEASED (Type or Print)	a. (First) Ona	b. (Middle) Mae	c. (Last) Genrich	4. DATE OF DEATH (Month) (Day) (Year) May 4, 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Mar 26, 1951	9. AGE (In years last birthday) 3	10. UNDER 1 YEAR Months _____ Days _____	11. BIRTHPLACE (City and State or Foreign Country) Tawton, Okla	12. CITIZEN OF WHAT COUNTRY USA
10a. USUAL OCCUPATION (Give kind of work done during most of this life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) Tawton, Okla		12. CITIZEN OF WHAT COUNTRY USA	

13a. FATHER'S NAME Joseph A. Genrich	13b. MOTHER'S MAIDEN NAME Jessie J. Clark	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Joseph A. Genrich	ADDRESS 3307 Genesse
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation from		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Operation during tonsillectomy		
	DUE TO (c) _____		
11. 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 checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Jackson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5-4-54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Med during tonsillectomy

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. D. Queen Turner	23b. ADDRESS 1036 Pacific Bldg	23c. DATE SIGNED 5-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 6, 1954	24c. NAME OF CEMETERY OR CREMATORY mt. Mariah Cem	24d. LOCATION (City, town or county) (State) Kansas City Mo
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DATE REC'D BY LOCAL REG. 5-6-54	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Wilton L. Tepko	ADDRESS Indep. Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 17 1956

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 Guy A. Shelton

Licensed Embalmer No. 4700

P. O. Address Independence, 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.