

FILED DEC 3 1954

STANDARD CERTIFICATE OF DEATH

State File No. 5274

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5274

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 (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 5 yr 1/2		e. STREET ADDRESS (If rural, give location) 5144 1/2 Truman Rd.	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp.			
3. NAME OF DECEASED (Type or Print) Ralph		a. (First) George	b. (Middle) Furlong
c. (Last) Furlong		4. DATE OF DEATH (Month) (Day) (Year) 11 14 54	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 11, 1903
9. AGE (In years last birthday) 51		10. MONTHS 10	11. DAYS 3
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Machinist	11. BIRTHPLACE (City and State or Foreign Country) Grelna, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME George Furlong	13b. MOTHER'S MAIDEN NAME Christina Soherle	14. NAME OF HUSBAND OR WIFE Helen F. Furlong
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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. 514-03-0353	17. INFORMANT'S SIGNATURE OR NAME Helen F. Furlong	ADDRESS 2813 Roosevelt, K.C. 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subacute Rheumatism		INTERVAL BETWEEN ONSET AND DEATH E 9369 48
	ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. 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 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, farm, factory, street, office bldg., etc.) unknown	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson MO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 11-13-54	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR unknown

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 Hugh B. OWENS	(Degree or title) Registrar	23b. ADDRESS 1034 1/2 1st St. Bldg	23c. DATE SIGNED 11-15-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 11/25/54	24c. NAME OF CEMETERY OR CREMATORY Agra, Cemetery	24d. LOCATION (City, town, or county) (State) Agra, Kansas
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DATE REC'D BY LOCAL REG. 11-15-54	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Warnick-Custer Funeral Home	ADDRESS K.C. Kansas.
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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 *J. M. Lewis*.....

Licensed Embalmer No. *350*

P. O. Address *P. O. Kae*

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.