

FILED DEC 27 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.
40848
5550

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No.

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 town or township) c. LENGTH OF STAY (In this place)
KANSAS City 52 YEARS
c. CITY OR TOWN KANSAS City d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital STREET ADDRESS (If rural, give location)
850 6236 MS GEE STREET

3. NAME OF DECEASED (Type or Print) a. (First) JENNIE b. (Middle) P. c. (Last) Charlton 4. DATE OF DEATH (Month) (Day) (Year)
DEC-7, 1954

5. SEX FEMALE 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, MARRIED 8. DATE OF BIRTH April 12, 1879 9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 10b. KIND OF BUSINESS OR INDUSTRY At Home 11. BIRTHPLACE (City and State or Foreign Country) Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME JACOB BOSCH 13b. MOTHER'S MAIDEN NAME SARAH Highdicker 14. NAME OF HUSBAND OR WIFE GEORGE H. CHARLTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. NONE 17. INFORMANT'S SIGNATURE OR NAME GEORGE H. CHARLTON ADDRESS: 6236 MS GEE ST. KANSAS CITY MO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Regurgitation INTERVAL BETWEEN ONSET AND DEATH years

*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) Rheumatic Heart Dis years

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) Generalized Arteriosclerosis will

ii. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis Yes

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-, 1945, to 12-2, 1954, that I last saw the deceased alive on 12-2, 1954, and that death occurred at 10:50p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature] 23b. ADDRESS KC Mo 23c. DATE SIGNED 12/2/54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE DEC-6-1954 24c. NAME OF CEMETERY OR CREMATORY FOREST HILL ABBEY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 12-3-54 REGISTRAR'S SIGNATURE Irene Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. NEWCOMER'S SONS K.C. Mo.
(Licensed Embalmer's Statement on Reverse Side) 1731 BRUSH CREEK

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. M. Ketchum

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 *Rollie Kessel*

Licensed Embalmer No. 469

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