

43302

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED JAN 18 1956

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>5218</u>							
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. LENGTH OF STAY (in this place) <u>70 yrs.</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				STREET ADDRESS (If rural, give location) <u>812 Benton</u> <span style="float: right;"><u>3188</u></span>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Hannah</u>			b. (Middle) _____		c. (Last) <u>Corcoran</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12 27 1955</u>						
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4-22-1863</u>		9. AGE (In years last birthday) <u>92</u>		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) <u>Housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY ■■■■■■■■■■		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Thomas Banks</u>				13b. MOTHER'S MAIDEN NAME <u>Juliann Poston</u>				14. NAME OF HUSBAND OR WIFE <u>Deceased Wm. H. Corcoran</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Banks Wichita, Kansas</u>							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Chronic glomerulonephritis</u> MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>E 9027</u> <u>45</u>													
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of left femur multiple</u>													
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE. (Specify) <u>Coin Home</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12 20 1955</u> m.							
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell out of bed</u>											
22. I hereby certify that I attended the deceased from <u>Dec. 21</u> , 19 <u>55</u> , to <u>Dec. 27</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>Dec. 27</u> , 19 <u>55</u> , and that death occurred at <u>7 P.</u> m., from the causes and on the date stated above.													
23a. SIGNATURE <u>B.I. Burns</u> (Degree or title) <u>M.D.</u>						23b. ADDRESS <u>24th &amp; Cherry</u>			23c. DATE SIGNED <u>12-28-55</u>				
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-30-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>							
DATE REC'D BY LOCAL REG. <u>12-30-55</u>				REGISTRAR'S SIGNATURE <u>Neva Marshall</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Skradski-Stine K.C. Kans.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

22

8-01-88-1

Carroll

State of Iowa

1988

1988

1988

Received

Official Position

Address

County

City

State

Zip

Other

STATE OF IOWA

**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 *H. Le Roy Truoney*

Licensed Embalmer No. 472

P. O. Address *S. P. Truoney*

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.