

FILED JAN 14 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41465

5558

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

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|---|--|---|--|--|--|
| 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) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 50 yrs. | | c. CITY OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION General #2 | | e. STREET ADDRESS (If rural, give location) 1009 Vine | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Louise | | b. (Middle) Francis | | c. (Last) | |
| 4. DATE OF DEATH (Month) (Day) (Year) Dec. 20, 1956 | | 5. SEX Female | | 6. COLOR OR RACE Negro | |
| 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH June 16, 1977 | | 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 79 Months Days Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) California, Mo | |
| 12. CITIZEN OF WHAT COUNTRY? U. S. | | 13a. FATHER'S NAME George Washington | | 13b. MOTHER'S MAIDEN NAME Rutha Burke | |
| 14. NAME OF HUSBAND OR WIFE Will Francis | | 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. none | |
| 17. INFORMANT'S SIGNATURE OR NAME Edward Hickcox, nephew | | ADDRESS 1009 Vine | | | |

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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, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia | | 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) Cerebral vascular accident | | DUE TO (c) | | 331 | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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|--|--|--|--|---|--|
| 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) | | 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) m. | | 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 12-13-56, 19 , to 12-20-56, 19 , that I last saw the deceased alive on 12-20-56, 19 , and that death occurred at 5:25 A.m., from the causes and on the date stated above.

| | | | | | |
|---|--|-------------------|--|---|--|
| 23a. SIGNATURE <i>W. R. Peterson</i> | | (Degree or title) | | 23b. ADDRESS 600 E. 22nd Street | |
| 23c. DATE SIGNED 12-21-56 | | | | | |

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|---|--|-----------------------------------|--|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 24, 1956 | | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Kansas City, Mo | | | | | |

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|---|--|---|--|--|--|
| DATE REC'D BY LOCAL REG. 12-23-56 | | REGISTRAR'S SIGNATURE <i>Neva Minshall</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Meek's Mortuary, Kansas City, Mo | |
|---|--|---|--|--|--|

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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 *Fannie L. Meek*.....

Licensed Embalmer No *3818*.....

P. O. Address *Farris*.....

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.