

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17566

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2093

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Menorah Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 mo. 24 days
(Specify whether years, months or days)

In this community 53 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 21 East Dartmouth Road
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Pearl Cole Falsken 42

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Frank E. Falsken

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased March 13, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>6</u>	_____ hr. _____ min.

9. Birthplace Chanute - Kansas - 1
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER

12. Name George E. Cole 7

13. Birthplace Indiana

14. Maiden name Elizabeth Ann Thompson

15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Frank E. Falsken

(b) Address 21 E. Dartmouth Road

17. (a) Burial (b) Date thereof 5-21-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J. H. Wagner

(b) Address Kansas City, Mo.

19. (a) May 21, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19,
year 1940 hour 5 minute 20 M.

21. I hereby certify that I attended the deceased from Feb., 1937, to May 19, 1940.
that I last saw her alive on May 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis

Due to Carcinoma of breast

Due to 50

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Carcinoma of breast, Radical mastectomy - 8 yrs ago.

Of autopsy generalized carcinomatosis

Duration 4 mo.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature J. H. Schaefer (M. D. _____)

Address 1406 Bryant Blvd Date signed 5/20/40

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

Dr.
Robertson
Schubert
Bryant Bg

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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed Cecil R. Matthes
Licensed Embalmer No. 3807
P. O. Address Kansas City 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, above space should be left blank.