

S. No. 309  
M-10-47  
v. 5-17-39  
I 3908

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JUN 26 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 19679

2521

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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:  
General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days  
(Specify whether years, months or days)

In this community 33 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Artie States

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife William P. States

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

7. Birth date of deceased May 25th 1856  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
92	0	17	hr. min.

9. Birthplace Linneus Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

MOTHER FATHER

12. Name John Haselwood

13. Birthplace Unknown Ill.  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Canada

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

16. (a) Informant W. E. States

(b) Address 3712 Highland K.C. Mo.

17. (a) Burial (b) Date thereof 6-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address Kansas City, Mo.

19. (a) 6-15-48 (b) Alealdine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3712 Highland  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1948 hour 11 minute 20 A.M.

21. I hereby certify that I attended the deceased from June 3, 1948, to June 12, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of liver

Duration \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy None

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 \_\_\_\_\_

23. Signature W. E. States (M. D. or other) MD  
Address Med. Dir. Gen'l Hosp. Date signed 6-14-48

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

*Handwritten scribbles in the top left corner.*

---

---

**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 *[Handwritten Signature]*  
.....  
Licensed Embalmer No. *[Handwritten Number]*

P. O. Address.....  
*[Handwritten Address]*

**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, fact should be so stated above.**