No. 300
—10-47
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 16 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36700

Registration District No. 149 · Primary Registration District No. 1002 · Registrar's No. 4388

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: ST. JOSEPH HOSPITAL (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 DAYS; In this community 28 YEARS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MO. (b) County: JACKSON
(c) City or town: KANSAS CITY (If outside city or town limits, write "RURAL")
(d) Street No.: 3013 PERRY (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country: NO

3. (a) PRINT FULL NAME: Bertha E. LISTON (Birdie)
3. (b) If veteran, name war: NO
3. (c) Social Security No.: none
4. Sex: F.
5. Color or race: W
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: KELSEY P. LISTON
6. (c) Age of husband or wife if alive: Unk. years
7. Birth date of deceased: MARCH (Month) 12, (Day) 1900 (Year)
8. AGE: Years 48; Months 7; Days 15; If less than one day: hr. min.
9. Birthplace: ILL. (City, town, or county) (State or foreign country)
10. Usual occupation: HOME
11. Industry or business:
FATHER 12. Name: P.A. ERIE
FATHER 13. Birthplace: ILL. (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: ELIZABETH SCHMIDT
MOTHER 15. Birthplace: ILL. (City, town, or county) (State or foreign country)
16. (a) Informant: KELSEY P. LISTON
(b) Address: 3013 PERRY
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 10 30 48 (Month) (Day) (Year)
(c) Place: burial or cremation: MAPLE HILL
18. (a) Signature of funeral director: STINE & McCLURE
(b) Address: KANSAS CITY, MO.
19. (a) 10-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT. day 27 year 1948 hour 3:20 minute A M.
21. I hereby certify that I attended the deceased from Oct 13, 1948, to Oct 27, 1948; that I last saw her alive on Oct 26, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction — Duration
Due to: adhesions + anatomical Kink
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: adhesions + Kink.
Of autopsy:

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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: D. P. Klepinger (M. D. or other) D. P. Klepinger
Address: 500 Argyle Bldg KC Mo Date signed 10/27/48

(Licensed Embalmer's Statement on Reverse Side)

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address KC 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, fact should be so stated above.