

FILED JAN 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40476

State File No.

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 224

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) <u>RURAL PRAIRIE TWP. 11-36-1mo-26D8</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>11-36-1mo-26D8</u>		d. STREET ADDRESS (If rural, give location) <u>JACKSON CO. HOME FOR AGED W.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u>	b. (Middle) <u>H.</u>	c. (Last) <u>PUNE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>12 26 1948</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	8. DATE OF BIRTH <u>JAN-31-1914</u>	9. AGE (In years last birthday) <u>34</u>	IF UNDER 1 YEAR Months <u>10</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u>1</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INVALID</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>UNKNOWN</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>HARRY EDWARD</u>	13b. MOTHER'S MAIDEN NAME <u>NARRIE LITTLE</u>	14. NAME OF HUSBAND OR WIFE
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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 <u>JACKSON CO HOME RECORDS</u>	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death. <u>93.5</u>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>chronic myo carditis</u>		
	ANTECEDENT CAUSES Morbidity 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-1, 1948, to 12/26, 1948, that I last saw the deceased alive on 12/24, 1948, and that death occurred at 12:10 P.M.; from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. Greene</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Independence Mo</u>	23c. DATE SIGNED <u>12/26/48</u>
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24a. BURIAL, CREMATION-REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-28-48</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-27-48</u>	REGISTRAR'S SIGNATURE <u>Donald C. Emswiler</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. C. L. Forster</u>	ADDRESS <u>K.C. Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed.....

Joe B. Yoder

..... Licensed Embalmer No. *4173*

Signed.....

Student Embalmer

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.