

FILED JAN 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1419

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 46

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) 45 Yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2700 Tracy-	
d. FULL NAME OF HOSPITAL OR INSTITUTION Krestwood Conv. Home 2700 Tracy							
3. NAME OF DECEASED (Type or Print) Kate S. Showalter			a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec. 25, 1855		9. AGE (In years last birthday) 93	IF UNDER 1 YEAR 0	IF UNDER 24 HRS. 8
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 (State or foreign country) Port Republic Virginia /		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William S. Showalter			13b. MOTHER'S MAIDEN NAME Mary Anne Parrott		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Kate S. Showalter		ADDRESS 1411 Wabash		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	<p align="center"><b>MEDICAL CERTIFICATION</b></p> <p>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Pneumonia</i></p> <p>ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Cardiac Dropsy</i></p> <p>DUE TO (c) <i>-</i></p> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>434.1</i></p>						INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>  <i>18 months</i>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 <i>Jan 4, 1947, to Jan 1, 1949</i> , that I last saw the deceased alive on <i>Jan 1, 1949</i> , and that death occurred at <i>2:30 P.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE R. B. Parrott (Degree or title)				23b. ADDRESS <i>2200 E-15th</i>		23c. DATE SIGNED <i>1-5-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>Jan-5-1949</i>	24c. NAME OF CEMETERY OR CREMATORY .. <i>Mill Creek Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Port Republic Virginia.</i>		
DATE REC'D BY LOCAL REG. <i>1-5-49</i>		REGISTRAR'S SIGNATURE <i>Heraldine Holmes</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Mrs C.L. Forster</i>		ADDRESS <i>918 Brooklyn</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 2 1957

OK - 4230  
2200-3152  
12-4

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 .....  
Student Embalmer

Signed Joe B. Yoder  
Licensed Embalmer No. 4173

P. O. Address McC. 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.