

FILED MAR 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4927

574

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission): a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4</u> <u>18 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Steva Nursing Home-1310 E. Armour</u>				d. STREET ADDRESS (If rural, give location) <u>700 E. 36th St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Glenna</u>			b. (Middle) _____		c. (Last) <u>Hart</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 9, 1874</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>			
13a. FATHER'S NAME <u>Francis Sturelvant</u>			13b. MOTHER'S MAIDEN NAME <u>JENNY LEE</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH W.</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Samuel Stevenson</u>		ADDRESS <u>700 E. 36th St.</u>			
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.				<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Failing heart</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Influenza Dec 1948</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>481X</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Feb 15th 1949</u> , to <u>2-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>49</u> , and that death occurred at <u>4 9</u> m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Walter Holbrook</u> (Degree or title) _____				23b. ADDRESS <u>1132 Prof Bldg</u>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>2-11-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>			
DATE REC'D BY LOCAL REG. <u>2-8-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE</u>		ADDRESS <u>KANSAS CITY, MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Halbrook
May 11 4 3

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

Robert W. Peck

Licensed Embalmer No. 3248

P. O. Address

D. C. 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.