

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4936
782

State File No.

Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4311 Mc Gee</u>		d. STREET ADDRESS (If rural, give location) <u>4311 Mc Gee</u>	
3. NAME OF DECEASED (Type or Print) <u>SIEGMUND</u>		4. DATE OF DEATH (Month) (Day), (Year) <u>Feb. 19th 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 31st 1873</u>
9. AGE (In years last birthday) <u>75</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13. FATHER'S NAME <u>Samuel Hesse</u>	
14. MOTHER'S MAIDEN NAME <u>Rickaben Weinberg Solare Hesse</u>		15. NAME OF HUSBAND OR WIFE <u>Oscar Gerson</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		17. SOCIAL SECURITY NO. <u>486-26 4401</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca of stomach</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>151X</u> Conditions contributing to the death but not related to the disease or condition causing death.	
20. INTERVAL BETWEEN ONSET AND DEATH		21. DATE OF OPERATION	
22. MAJOR FINDINGS OF OPERATION		23. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
24. ACCIDENT SUICIDE HOMICIDE (Specify)		25. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
26. (CITY, TOWN, OR TOWNSHIP), (COUNTY) (STATE)		27. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	
28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		29. HOW DID INJURY OCCUR?	
30. I hereby certify that I attended the deceased from <u>1/21</u> , 19 <u>48</u> , to <u>2/19/49</u> , that I last saw the deceased alive on <u>2/18/49</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
31. SIGNATURE <u>Rob. Unlman</u>		32. ADDRESS <u>1310 Bryant St. Mo.</u>	
33. DATE SIGNED <u>2/19/49</u>		34. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
35. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		36. DATE <u>2/20/49</u>	
37. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>		38. LOCATION (City, town, or county) (State) <u>Mo.</u>	
39. DATE REC'D BY LOCAL REG. <u>2-19-49</u>		40. REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	
41. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Davidson</u>		42. ADDRESS <u>3024 7th St.</u>	

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

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 Kathryn E. Davis

Licensed Embalmer No. 3648

P. O. Address Kansas City

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.