

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4987

577

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

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) 24 yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2610 Olive Avenue
d. FULL NAME OF HOSPITAL OR INSTITUTION 2610 Olive Ave.			d. STREET ADDRESS (If rural, give location) 2610 Olive Avenue		

3. NAME OF DECEASED (Type or Print) a. (First) Elijah b. (Middle) Kountz c. (Last) Kountz			4. DATE OF DEATH (Month) (Day) (Year) February 4, 1949		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 12, 1897	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 5 Days 1	IF UNDER 2 HRS. Hours 3 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Foreman, Arkansas		11. BIRTHPLACE (State or foreign country) USA		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Horace Kountz		13b. MOTHER'S MAIDEN NAME Martha Adams		14. NAME OF HUSBAND OR WIFE Maudie	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No Yes	16. SOCIAL SECURITY (If yes, give war or dates of service) World War I	17. INFORMANT'S SIGNATURE OR NAME Eugenia Burrell	ADDRESS 2625 Montgall
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 Days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bronchial Bronchitis		6 mo.
	DUE TO (c) Catheter		10 years
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 3417		

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 <input type="checkbox"/> WORK 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 **May 17, 1948**, to **Feb 4, 1949**, that I last saw the deceased alive on **Feb 4, 1949**, and that death occurred at **11:48 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE E.S. Coffey (Degree or title)	23b. ADDRESS 1224 E. 12th Ave.	23c. DATE SIGNED 2/2/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/10/49	24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery, Kansas City, Mo.	24d. LOCATION (City, town, or county) (State)
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DATE REC'D BY LOCAL REG. 2-8-49	REGISTRAR'S SIGNATURE Thaladine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE Walter L. Brown	ADDRESS 1739 Lydia
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*3-11-68
J. Jerome Manlove*

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 *J. Jerome Manlove*
.....
Licensed Embalmer No. *3994*
.....
P. O. Address *2503 Highland*
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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.