

FILED MAR 16 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7752

24
204

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

BIRTH NO. _____ REG. DIST. NO. 72 PRIMARY REG. DIST. NO. 5-287 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.R.11 North Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.R.11 Franklin Road</u>		d. STREET ADDRESS (If rural, give location) <u>Franklin Rd. Bailey Add. N.K.C.</u>	
3. NAME OF DECEASED a. (First) <u>Lucy</u> b. (Middle) _____ c. (Last) <u>Kates</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-8-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-24-1881</u>
9. AGE (In years last birthday) <u>68</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Isaac Wilson</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Disney</u>
14. NAME OF HUSBAND OR WIFE <u>John Kates</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>515-09-1558</u>
17. INFORMANT'S SIGNATURE OR NAME <u>J.G. Henderson</u>		18. ADDRESS <u>R.R.11-N.K.C.Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>generalized carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1-2 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>carcinoma cervix</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u>	
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 <u>nil</u>	
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 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 <u>aug 17, 1949</u> , to <u>Mar 8, 1949</u> that I last saw the deceased alive on <u>Aug 9, 1949</u> , and that death occurred at <u>9:30 a.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. Charles Fisher (M.D.)</u>		23b. ADDRESS <u>2025 S. High - Mo. K.C. Mo.</u>	23c. DATE SIGNED <u>3/9/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty Missouri</u>
DATE REC'D BY LOCAL REG. <u>Mar 10 - 1949</u>	REGISTRAR'S SIGNATURE <u>Beeulah Kitchener</u>	63 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Morton-Smith's F.H. N.K.C.Mo.</u>	

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 3-15-49

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 Theron O Smith

Licensed Embalmer No. 3928

P. O. Address North 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.