		THE DIVISION OF HE	VIII OL WISSON	KI	8225
FILED APR	6 1949	STANDARD CERTIF	ICATE OF DEA	TH State File N	0
BIRTH NO		REG. DIST. NO. 149	PRIMARY REG. DIST.	NO. 1002 Registrar's	10 <u>60</u>
1. PLACE OF DEA	тн				institution: residence before
a. COUNTY J			/Y/1.9.9	SOU[Z]	TACKSON.
b. CITY (II outside sor	CSAS	URAL and give C. LENGTH OF STAY (in this place)	C. CITY (If outside sorp	CSAS CITU	iowaship)
d. FULL NAME OF ( HOSPITAL OR INSTITUTION	U not in hospital or in	. 7,, — .	d. STREET ADDRESS / 3	(If rural, give location) 4 W. 60 th	TERRACE
(  <del></del>	a. (First)	b. (Middle)	c. (Last)		h) (Day) (Year)
(Type or Print)	LARE	NCE K.	DAUL	S DEATH MAR	CH 5-1949
5. SEX 6.	COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	a / last birthday) Mon	the Days Hours Min.
	aglife, even if retired)	10b. KIND OF BUSINESS OR' IN-	11. BIRTHPLACE (State of	or fobelge country)	12. CITIZEN OF WHAT COUNTRY?
FATURE C THE	<u>veare</u>	13h MOTHER'S MAIDEN	NAME (	14. NAME OF HUSBAND OR	BIFE .
A AAA AA	4/ Da	in House at	laring Luda	On the arouse	9 Davis.
M. WAS DECEASED EVE	R IN U.S. ARMED I	FORCES? 16. SOCIAL SECURITY	17. INFORMANT'	S S GNATURE OR NAME	ADDRESS ;
(ff es. no. or unknown)	yes, give war or dates	UNIKNOWN	me Rayne	and doves.	58070all. N.C.
18. CAUSE OF DEATH		MEDICAL C	ERTIFICATION	07	INTERVAL BETWEEN ONSET AND DEATH
	DIRECTLY LEAD	ING TO DEATH*(a)	ia, My	vearthin	
<b></b>	ANTECEDENT CA	AUSES	Q da m	0	0
the mode of dying, such	Morbid conditions	s, if any, giving DUE TO (b)	-cy fest re	- Low - Chargosi	Kostony.
	THE WILL GOODS OF	Engs (8) ecottists -	•		-
ease, injury, or complica-		DUE TO (c)			
tion which caused death,	Conditions contrib	nuting to the death but not	l	14 = 1	
19a. DATE OF OPERA-				<del></del>	20. AUTOPSY?
TION					YES NO
Zia. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR	TOWNSHIP) (COUNTY	) (STATE)
21d. TIME (Month) OF INJURY	(Day) (Year) (	WHILEAT NOT WHILE TO	21f. HOW DID INJURY	OCCUR?	
H <del></del>	Lat I allowed at 1		1047 10 3-	-5 1919 that I	last saw the deceased
alive on 3	5, 19_4	2, and that death occurred at	<u> </u>		tated above.
23a. SIGNATURE	Ted ()	IWI g (Degree or title)	) Kansas	City mo	23c. DATE SIGNED
24a. BURIAL, CREMA	- 24b. DATE	Ac. NAME OF CEMETER	Y OR CREMATORY	24d, LOCAPION (City, town, or	county) (State)
BURLAL	KYIHK-I-I			KANSAS CITY	MISSOURI
DATE REC'D BY LOCAL	REGISTBAR'S S	- 1 - 12	5. FUNERAL DIRECT	TOR'S SIGNATURE	401 HEUSH CAFEN
3-849	Illia	my	Statement on Revers Side	comers you	V. A. C. MO
	I. PLACE OF DEA a. COUNTY  b. CITY (If outside cor OR TOWN  d. FULL NAME OF HOSPITAL OF INSTITUTION  3. NAME OF DECEASED (Type or Print)  5. SEX  6.  10a. USUAL OCCUPATIC dece during most of workin  13d. FATHER'S NAME  AWAS DECEASED EVE (Yes. no. or unknown)  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 dis- ease, injury, or complica- tion which caused death.  19a. DATE OF OPERA- TION  21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) OF INJURY  22. I hereby certify in alive on 3  23a. SIGNATURE  24a. BURIAL CREMA TION REMOVAL (Bpedly 'BURIAL CREMA TION REMOVAL	I. PLACE OF DEATH a. COUNTY  D. CITY (If outside corporate limite, write R OR TOWN ANSAS  d. FULL NAME OF (If not in hospital or in HOSPITAL OR INSTITUTION 34 WES.  3. NAME OF DECEASED (Type or Print)  5. SEX 6. COLOR OR RACE  MALE WAS DECEASED EVER IN U. S. ARMED (Two or vertical line, even if retired)  134. FATHER'S NAME  138. 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 fallure, asthenia, etc. It means the discase, injury, or complication which caused death.  19a. DATE OF OPERATION  21a. ACCIDENT (Specify)  19b. MAJOR FINITION  21a. ACCIDENT (Specify)  21d. TIME (Month) (Day) (Year)  OF INJURY  22. I hereby certify that I attended to alive on 3 5 19 4  23a. SIGNATURE FTOC	BIRTH MO.  BIRTH MO.  REG. DIST. NO.  1. PLACE OF DEATH  a. COUNTY  D. CITY (It coulded corporate limits, write RURAL and give OR TOWN ANSAS  d. FULL NAME OF (It not in hespital or institution of the street and the place) HOSPITAL OR  S. MAME OF  1. SEX  C. COLOR OR RACE  MALE  OF Print  1. SEX  C. COLOR OR RACE  MALE  OF Print  1. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. SEX  C. COLOR OR RACE  MIDOWED DIVORCED (Byselty)  S. MOTHER'S MAIDEN  MIDOWED DIVORCED (Byselty)  S. SOLAL SECONTITY  WINDOWED DIVORCED (Byselty)  S. SOLAL SECONTITY  UNKNOWN  MEDICAL  ANTECEDENT CAUSES  Another on mean  the mode of dying, such as hearly failure, asthemia, etc. It means the dis- case, injury, or compilea- tion which caused death.  II. OTHER SIGNIFICANT CONDITION  DIRECTLY LEADING TO DEATH*  (a)  ANTECEDENT CAUSES  Another on mean  the mode of dying, such as hearly failure, asthemia, etc. It means the dis- case, injury, or compilea- tion which caused death.  II. OTHER SIGNIFICANT CONDITIONS  Ornations contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERA-  TION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT  S. SOCIAL SECONTION  19b. MAJOR FINDINGS OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21c. INJURY OCCUPRED  WHILE AT DOWN AT WORK  MILE AT NOT WHILE  AT WORK  AND A COLOR  MILE AT NOT WHILE  AT WORK  D. CREST HALL  MARS J.	BIETH NO.  REG. DIST. NO.  PRIMARY REG. DIST.  1. PLACE OF DEATH a. COUNTY  D. CITY (If outded corporate limits, write BURAL and give of the control of the	BIRTH MO.  REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 622-Repistrary s.  I. PLACE OF DEATH  a. COUNTY  D. CITY (II counted corporate limits. artis RIVAL and dry. OR TOWN AND COUNTY)  D. CITY (III counted corporate limits. artis RIVAL and dry. OR TOWN AND COUNTY)  G. FULL NAME OF (III on is benefat or treattwing for spread driven or footstand)  HOSPITAL OR 34 WEST BOY (III on it benefat)  INSTITUTION 34 WEST BOY (III on it benefat)  RISTITUTION 34 WEST BOY (III on it benefat)  INSTITUTION 34 WEST BOY (III on it benefat)  INSTITUTION 35 WEST BOY (III on it benefat)  INSTITUTION (III on

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	ne reverse side of this c	certificate was embalmed by me, or by	·····
***************************************	***************************************	Student Embalmer No	a s
working under my personal supervision.	9		

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Licensed Embalmer No.

the above constitutes grounds for revocation of license.)

Student Embalmer

If this body is not embalmed, fact should be so stated above.