No. 300
10.48

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8368

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): about 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 2118 Prospect Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle):
c. (Last): FOOTE

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 27 1949

5. SEX: FEMALE 3
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: MARCH 5 1894
9. AGE (In years last birthday): 554 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): RIPLEY, MISSISSIPPI 1
12. CITIZEN OF WHAT COUNTRY?: U.S.a

13a. FATHER'S NAME: John Foster
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: HUGH FOOTE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: HUGH FOOTE — ADDRESS: 2118 Prospect Avenue

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 disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA (CLINICAL)

ANTECEDENT CAUSES — ARTERIOSCLEROTIC NEPHRITIS

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) GENERALIZED ARTERIOSCLEROSIS

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — HYPERTENSIVE TYPE HEART DISEASE

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
442 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/25/ *, 19*49*, to* 2/27/ *, 19*49*, that I last saw the deceased alive on* 2/27/ *, 19*49*, and that death occurred at* 10:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE E. Frank Ellis (Degree or title): Frank Ellis, Dec. Mo.
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 2/28/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/5/49
24c. NAME OF CEMETERY OR CREMATORY: Lincoln
24d. LOCATION (City, town, or county) (State): Kansas City, Mo

DATE REC'D BY LOCAL REG.: 3-4-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: E. Sterling Bills — ADDRESS: 1212 Vine

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed E. Sterling Bill

Signed.....
Student Embalmer

Licensed Embalmer No. B178

P. O. Address 1212 Vine St, K.C.,

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.