

FILED APR 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1397</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. LENGTH OF STAY (in this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		3	
d. FULL NAME OF HOSPITAL OR INSTITUTION 603 Greenway Terrace		d. STREET ADDRESS 603 Greenway Terrace				0	
3. NAME OF DECEASED (Type or Print)		a. (First) Madeleine		b. (Middle) S.		c. (Last) Hamrick	
4. DATE OF DEATH		(Month) Mar.		(Day) 27,		(Year) 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 3, 1895		9. AGE (in years last birthday) 54	
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) Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William Sloane		13b. MOTHER'S MAIDEN NAME Frances Duncan		14. NAME OF HUSBAND OR WIFE Graham H. Hamrick			
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 ADDRESS Mr. Graham H. Hamrick, 603 Greenway Terr.			
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Melanoma-Sarcoma, Cerebral</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Melanoma Sarcoma at leg</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 1991				INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs -</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION above.				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) Kansas City, Jackson, Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —		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>June</u> , 1947, to <u>March 27, 1949</u> , that I last saw the deceased alive on <u>March 27, 1949</u> , and that death occurred at <u>12:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Arnold V. Arms MD</u> (Degree or title)				23b. ADDRESS <u>Phys. Med. Bldg. Kansas City, Mo.</u>		23c. DATE SIGNED <u>3-27-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 3-29-49		24c. NAME OF CEMETERY OR CREMATORY Mount Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 3-28-49		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Freeman Mortuary, Kansas City, Mo.</u>			

(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 _____

Willis H. Bennett

Signed _____
Student Embalmer

Licensed Embalmer No. *4438*

P. O. Address *K.C., Mo*

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.