

FILED APR 16 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

12446

1398

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>12 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		48	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2024 CYPRESS</u>				d. STREET ADDRESS (If rural, give location) <u>2024 CYPRESS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS MAMIE GREGG</u> b. (Middle) <u>HART</u> c. (Last) <u>HART</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 26 1949</u>			
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>MARRIED</u>		8. DATE OF BIRTH <u>APR 26 1876</u>	
9. AGE (In years last birthday) <u>72</u>		10. MONTHS <u>11</u>		11. DAYS <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME <u>WILLIAM T. FORD</u>				13b. MOTHER'S MAIDEN NAME <u>CORNELIA GREGG HARRY LEE HART</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Tom Storer</u>				18. ADDRESS <u>1401 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI</u>			
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>Congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Anemia</u> 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			
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) 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>7:15, 1948</u> to <u>3:25, 1949</u> , that I last saw the deceased alive on <u>3:25, 1949</u> and that death occurred at <u>1:50 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Jack M. Davis MD</u> (Degree or title)				23b. ADDRESS <u>Raytown, Mo</u>		23c. DATE SIGNED <u>3:26:49</u>	
24a. BURIAL CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAR 28 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>3-28-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Kucan</u> ADDRESS <u>1401 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI</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.

Student
Student Embalmer

Signed _____

Robert Ray

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.