

FILED APR 16 1949 STANDARD CERTIFICATE OF DEATH

State File No. 12608

1221

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Cass			
b. CITY OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 mo. 9 days		c. CITY OR TOWN Pleasant Hill		9	
d. FULL NAME OF HOSPITAL OR INSTITUTION The Childrens Mercy Hosp.				d. STREET ADDRESS (If rural, give location) Rural Route # 3			
3. NAME OF DECEASED (Type or Print) Donna		a. (First) Delores		c. (Last) Page		4. DATE OF DEATH (Month) (Day) (Year) March 20-1949	
5. SEX Female		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH July 28, 1946	
9. AGE (In years last birthday) 2 yrs.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pleasant Hill Mo	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Don Page		13b. MOTHER'S MAIDEN NAME Alta Behrmer		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Alta Page		ADDRESS Pleasant Hill, Mo.	
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. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Maternal Stenosis Right Ventricle</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 180X				INTERVAL BETWEEN ONSET AND DEATH			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that <u>Donna Delores Page</u> , born <u>July 28, 1946</u> , to <u>March 20, 1949</u> , that I last saw the deceased alive on <u>March 20, 1949</u> and that death occurred at <u>1:10</u> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. G. H. Schmidt</u>		23b. ADDRESS <u>Mary Hospital</u>		23c. DATE SIGNED <u>20 March 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3-20-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Pleasant Hill, Mo</u>	
DATE REC'D BY LOCAL REG. <u>3-20-49</u>		REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Virgil Herrick</u> ADDRESS <u>Pleasant Hill</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 18 1949

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 _____

J. Vigil Herrick

Licensed Embalmer No. *3599*

P. O. Address *Pleasant Hill*

Signed _____
Student Embalmer

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.