

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 15731BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 2125

1. PLACE OF DEATH

a. COUNTY JACKSONb. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITYc. LENGTH OF STAY (In this place) 10 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE MISSOURIb. COUNTY JACKSONc. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITYd. STREET ADDRESS (If rural, give location) 3628 Oakley Street58 48
3/2

3. NAME OF DECEASED (Type or Print)

a. (First)

BERTHA

b. (Middle)

c. (Last)

BASIN4. DATE OF DEATH (Month) (Day) (Year) MAY 14 19495. SEX FEMALE6. COLOR OR RACE NEGRO7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED8. DATE OF BIRTH APRIL 16 18819. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. 6810a. 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) LENEXA, KANSAS12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME

AARON McMANAMAY

13b. MOTHER'S MAIDEN NAME

DORA TAYLOR

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 ADDRESS REV. S. McMANAMAY 1909 Montgall Avenue

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC FAILURE

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.

ANTECEDENT CAUSES

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

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

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

FRACTURE LEFT FEMUR (INTERTROCHANTER)

4200

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO 21a. ACCIDENT (Specify) SUICIDE HOMICIDE ACCIDENT21b. PLACE OF INJURY (e.g., in or about home, factory,atory, street, office bldg., etc.) HOME21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) KANSAS CITY JACKSON MISSOURI21d. TIME OF INJURY (Month) (Day) (Year) (Hour) APRIL 1949 m.21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR While walking at home, slipped and fell (leg being weak)22. I hereby certify that I attended the deceased from 5/10/, 1949, to 5/14/, 1949, that I last saw the deceased alive on 5/14/, 1949, and that death occurred at 10:55Pm., from the causes and on the date stated above.22a. SIGNATURE OF REGISTRAR Frank Ellis (Degree or title)23b. ADDRESS 600 East 22nd Street23c. DATE SIGNED 5/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE May 19-4924c. NAME OF CEMETERY OR CREMATORY Lincoln24d. LOCATION (City, town, or county) (State) K.C. Mo.DATE REC'D BY LOCAL REG. 5-16-49REGISTRAR'S SIGNATURE Stoddard Holmes25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Adkins Bros. Funeral Home, C. Mo.

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 *C. Kenneth Kerford*

Signed.....
Student Embalmer

Licensed Embalmer No. *44 37*

P. O. Address.....

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.