No. 300
10.48

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

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15913

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2256

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): 12-25-48
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3709 East 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson UK
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 24 ?
d. STREET ADDRESS (If rural, give location): 3709 East 12th street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Maude #####
b. (Middle):
c. (Last): Hedge

4. DATE OF DEATH (Month) (Day) (Year): May 23 1949

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan. 9, 1875
9. AGE (In years last birthday): 74
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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: housekeeping
11. BIRTHPLACE (State or foreign country): Columbia City Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Milo Martin
13b. MOTHER'S MAIDEN NAME: Mary Young - Martin
14. NAME OF HUSBAND OR WIFE: Oliver Hedge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mrs. Glenn Sullivan 3709 E. 12 K.C.

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) Carcinoma of Colon — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

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

DUE TO (b)

DUE TO (c) 153X

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 ☐ 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* Dec 29, 1948 *to* May 23, 1949, *that I last saw the deceased alive on* May 23, 1949, *and that death occurred at* 12:10 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Paul A. G. Johnson (Degree or title) M. D.
Paul A. G. Johnson M. D.
23b. ADDRESS 3011 A Dudley Ave.
23c. DATE SIGNED

24a. BURIAL CREMATION REMOVAL (Specify): burial
24b. DATE: May 27, 1949
24c. NAME OF CEMETERY OR CREMATORY: Red Cloud City
24d. LOCATION (City, town, or county) (State): Red Cloud Nebraska

DATE REC'D BY LOCAL REG.: 5-24-49
REGISTRAR'S SIGNATURE: Geraldine Holmes
FUNERAL DIRECTOR'S SIGNATURE: [illegible]
ADDRESS: Louisburg, Kansas

(Licensed Embalmer's Statement on Reverse Side)

VS JAN 6 1960

MAY 12 1957

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 Ward B. Runyan

Signed.....
Student Embalmer

Licensed Embalmer No. 3222

P. O. Address Louisburg Kans

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.