

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1949

19512
State File No. _____
2603
Registrar's No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2603</u>			
1. PLACE OF DEATH a. 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>30 Yrs</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> d. STREET ADDRESS (If rural, give location) <u>2511 E. 9 St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dennis</u> b. (Middle) _____ c. (Last) <u>Downey</u>			4. DATE OF DEATH (Month) <u>6</u> (Day) <u>14</u> (Year) <u>1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Nov 7 1888</u>			
9. AGE (In years last birthday) <u>65</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 YEAR Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Kansas</u>			
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			13a. FATHER'S NAME <u>No Record</u>		13b. MOTHER'S MAIDEN NAME <u>No Record</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>Leo Downey</u>			ADDRESS <u>Kansas City, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic carcinoma of brain primary in stomach</u> ANTECEDENT CAUSES Morbid 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. <u>Pathological fracture of ilium</u>						INTERVAL BETWEEN ONSET AND 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) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Mo.</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>6 13 49</u>			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fall</u>				
22. I hereby certify that I attended the deceased from <u>June 14, 1949</u> , to <u>June 14, 1949</u> , that I last saw the deceased alive on <u>June 14, 1949</u> , and that death occurred at <u>7:10 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) _____				23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>		23c. DATE SIGNED <u>6-15-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>June 18 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>			
DATE REC'D BY LOCAL REG. <u>6-16-49</u>			REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster Kansas City, Mo.</u>			

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

Dr. Super

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.....

.....
working under my personal supervision.

Student Embalmer No.

Signed *John Clark*

Signed.....
Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address *R 6 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.