

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 19868
2512

FILED JUN 25 1949

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 OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>27 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>3113 WAYNE AVENUE</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3113 WAYNE AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>3113 WAYNE AVENUE</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>HERSCHELL</u>			b. (Middle) <u>C</u>		c. (Last) <u>WEISS</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 7-1949</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>SEPT-29-1875</u>		9. AGE (In years last birthday) <u>73 YEARS</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BOOK BINDER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MUNICIPALITY, KANSAS CITY, MO.</u>		11. BIRTHPLACE (State or foreign country) <u>PETERSBURG VIRGINIA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>FRANK WEISS</u>			13b. MOTHER'S MAIDEN NAME <u>MARTHA UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. ETHIE THOMIS WEISS</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. ETHIE THOMIS WEISS</u> ADDRESS <u>3113 WAYNE AVE. KANSAS CITY MO.</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>CARCINOMA R. LUNG - BRONCHOGENIC</u>					INTERVAL BETWEEN ONSET AND DEATH. <u>Primary</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>162X</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>JANUARY 1948</u> , to <u>JUNE 7, 1949</u> , that I last saw the deceased alive on <u>6-7-</u> , 19 <u>49</u> , and that death occurred at <u>2:15 P. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>John H. Wheeler</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>411 Alameda Road</u>		23c. DATE SIGNED <u>6-8-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>JUNE 9-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D. W. NEWCOMER SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>6-9-49</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO.</u>			

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 *Bernard L. Horan*

Licensed Embalmer No. *4250*

P. O. Address *K. C. 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.