S. No. 300
r. 10-48

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

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19937

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 35368 Registrar's No. 187

1. PLACE OF DEATH
a. COUNTY: Jackson Rural (Blue)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, 547 Evanstan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3 Rural (Blue)
d. STREET ADDRESS (If rural, give location): 547 Evanstan

3. NAME OF DECEASED (Type or Print)
a. (First): Alma
b. (Middle): A
c. (Last): Shoush

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1949

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 9, 1898
9. AGE (In years last birthday): 50
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: self employed
11. BIRTHPLACE (State or foreign country): Minneapolis, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Edward Johnson
13b. MOTHER'S MAIDEN NAME: Anna (unknown)
14. NAME OF HUSBAND OR WIFE: Dr. W. H. S. Shoush K.C. Mo.

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: Dr. W. H. S. Shoush, DD K. C. (3) 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of R Breast — 3 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 150X

19a. DATE OF OPERATION: 7/16/46
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Rt Breast
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 _____, 19__, to* 6/28, 1949, *that I last saw the deceased alive on* 6/28, 1949, *and that death occurred at* 1:25 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: 1103 Grand Ave
23c. DATE SIGNED: 7/29/49

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 30, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Kansas City, Mo.

DATE REC'D BY LOCAL REG.: June 30, 1949
REGISTRAR'S SIGNATURE: [signature] 354
25. FUNERAL DIRECTOR'S SIGNATURE: [signature] ADDRESS: Independence, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 REC'D

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~~ Richard D. Mullins, Student Embalmer No. 268, working under my personal supervision.

Signed Charles F. Tyler

Signed Richard D. Mullins
Student Embalmer

Licensed Embalmer No. 4534

P. O. Address Indep 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.