

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23276  
3047

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (In this place) 1 wk.		c. CITY (If outside corporate limits, write RURAL and give township) Platte City			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION K. C. Conv. Home				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) Mary		b. (Middle) Jane		c. (Last) Farmer		4. DATE OF DEATH (Month) (Day) (Year) July 10, 1949	
5. SEX F		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 15, 1873	
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME G. M. Thomason		13b. MOTHER'S MAIDEN NAME Mary Ann Adams		14. NAME OF HUSBAND OR WIFE Geo. D. Farmer	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Frank Hull, Warrensburg, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy, cerebral, severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension, arterial, severe</u> DUE TO (c) _____ 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>		334X					
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) (Minute)		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>June 25, 1949</u> , to <u>July 10, 1949</u> , that I last saw the deceased alive on <u>July 10, 1949</u> and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. E. Pearson</u>		(Degree of title)		23b. ADDRESS <u>11025 Riata Bldg K.C. Mo.</u>		23c. DATE SIGNED <u>7/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-11-49		24c. NAME OF CEMETERY OR CREMATORY Platte City Cem.		24d. LOCATION (City, town, or county) (State) Platte City, Mo.	
DATE REC'D BY LOCAL REG. 7-13-49		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>William Mitchell</u>		ADDRESS Platte City, Mo.	

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

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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 \_\_\_\_\_

*ROLAND M. GIFFEE*

Student Embalmer No. *260*

working under my personal supervision.

Student *Roland M. Giffee*  
Student Embalmer

Signed \_\_\_\_\_

*J. N. Brill*

Licensed Embalmer No. *832*

P. O. Address *Weston 260*

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.