

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23459**
3299

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

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Jurner Mo.</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>Home 5804 Klammer</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3240 Norledge Comm Home</u>			
3. NAME OF DECEASED a. (First) <u>FRANCIS</u> b. (Middle) <u>M</u> c. (Last) <u>JAMES</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 30 49</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED; WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>1875 MAY 5 1874</u>
9. AGE (In years last birthday) <u>74</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired laborer</u>	11. BIRTHPLACE (State or foreign country) <u>Cedar Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>us</u>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <u>Doctor & Gambler</u>	11. BIRTHPLACE	
13a. FATHER'S NAME <u>Robert James</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Conner</u>	
14. NAME OF HUSBAND OR WIFE <u>Nora</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>510-05-2482</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nora James Jurner</u>		ADDRESS <u>Ks.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thromboses</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fracture Lingual ridge</u> DUE TO (c) <u>Fell out of bed</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General debility</u> <u>no come back</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>6-1-49</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>Jurner Wyandotte Ks</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6-1-49 8:00</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1310</u> <u>slipped out of bed</u>	
22. I hereby certify that I attended the deceased from <u>1-1</u> , 19 <u>49</u> , to <u>7-30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-29</u> , 19 <u>49</u> , and that death occurred at <u>3:45</u> p.m. from the causes and on the date stated above.			
23a. SIGNATURE <u>K. C. Haas</u> (Degree or title)		23b. ADDRESS <u>1533 So 21 St Ots 7/30/49</u>	
23c. DATE SIGNED <u>7/30/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 30 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Dell Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Eldorado Springs Mo</u>
DATE REC'D BY LOCAL REG. <u>7-30-49</u>	REGISTRAR'S SIGNATURE <u>Steraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Yosa A Butler's Sons</u> ADDRESS <u>22 8th K Ks</u>	

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 Russell W Dennis

Licensed Embalmer No. 3462

P. O. Address Kansas City, Kansas

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.