

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 6 1949

State File No. 23460
3034

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 Jackson		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 25 Year	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1653 Washington		d. STREET ADDRESS (If rural, give location) 1653 Washington		
3. NAME OF DECEASED (Type or Print) a. (First) Glendon		b. (Middle) Otis	c. (Last) James	
4. DATE OF DEATH (Month) (Day) (Year) 7 11 1949				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-14-1892	9. AGE (In years last birthday) 56
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Lucky Tiger Co.	11. BIRTHPLACE (State or foreign country) Baxter Springs, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel James		13b. MOTHER'S MAIDEN NAME Charlotte	14. NAME OF HUSBAND OR WIFE Mrs. Martha Anna James	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-01-1384	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Martha Anna James, 1653 Washington	
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) Coronary Occlusion ANTECEDENT CAUSES DUE TO (b) Coronary Sclerosis DUE TO (c) Anger II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 3 days Unknown
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)	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) (Min.)	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 July 9, 1949 , to July 11, 1949 , that I last saw the deceased alive on July 11, 1949 , and that death occurred at 11:15 PM on July 11, 1949 , from the causes and on the date stated above.				
23a. SIGNATURE OF Don Carlos Hebe MD. (Degree or title)		23b. ADDRESS Kansas City, Mo		23c. DATE SIGNED
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-14-1949	24c. NAME OF CEMETERY OR CREMATORY Forest Hill	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 7-12-49	REGISTRAR'S SIGNATURE Realdine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C.L. Forster, Kansas City, Missouri.		

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

Prof. • Bldg.

VI. 1145

2-4 P.M.

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.

Signed.....
Student Embalmer

Student Embalmer No.
Signed *Law Clark*.....
Licensed Embalmer No. *4716*.....
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.