

FREE AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23638

State File No. _____
Registrar's No. **2997**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2997	
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 OR TOWN KANSAS CITY		c. LENGTH OF STAY (in this place township) 48 wks		c. CITY OR TOWN KANSAS CITY 34 48		d. STREET ADDRESS (If rural, give location) 2443 BRIGHTON AVENUE 8	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2443 BRIGHTON AVENUE				d. STREET ADDRESS (If rural, give location) 2443 BRIGHTON AVENUE 8			
3. NAME OF DECEASED (Type or Print) a. (First) HERMAN			b. (Middle) FRANK			c. (Last) SHOMO	
4. DATE OF DEATH JULY 8-1949		5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH JUNE 29-1865		9. AGE (In years last birthday) 84 YEARS		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED 4 MONTHS CONDUCTOR		11. BIRTHPLACE (State or foreign country) NEAR POTSDAM OHIO	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH CHRISTY SHOMO		13b. MOTHER'S MAIDEN NAME BARBARA ELLEN SMITH		14. NAME OF HUSBAND OR WIFE MRS. NETTIE E. PARKS SHOMO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. NO		17. INFORMANT'S SIGNATURE OR NAME MRS. NETTIE E. PARKS SHOMO ADDRESS 2443 BRIGHTON KANSAS CITY, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>							
MEDICAL CERTIFICATION							
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Memoria							
INTERVAL BETWEEN ONSET AND DEATH _____							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Anterior sclerosis Heart Failure Hypertensive heart disease							
19a. DATE OF OPERATION _____				19b. MAJOR FINDINGS OF OPERATION 443X			
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) _____		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 3-11 , 19 49 , to 7-7 , 19 49 that I last saw the deceased alive on 7-7 , 19 49 and that death occurred at 6:15 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE R. S. Long M.D. (Degree or title)				23b. ADDRESS 4800 E. 24th K.C. MO.		23c. DATE SIGNED 7-8-49	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 11-1949		24c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
DATE REC'D BY LOCAL REG. 7-9-49		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D. H. Newcomer ADDRESS 331-8014 CREEK KANSAS CITY, MO.			

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward M. Star

Signed.....
Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 M*

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.