

FILED AUG 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23699

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3094</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>32 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		<u>463</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5001 WALROND AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>5001 WALROND AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>GENEVIEVE</u>		b. (Middle) <u>NETTIE</u>		c. (Last) <u>VAN NOY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 15 1949</u>	
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>DEC 23 1891</u>	
9. AGE (in years last birthday) <u>57 YEARS</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (State or foreign country) <u>ARRAWALKEEF KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MILTON JASPER EVERETT</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH GROSS</u>		14. NAME OF HUSBAND OR WIFE <u>JOSEPH S. VAN NOY</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>496-26-2149</u>		17. INFORMANT'S SIGNATURE OR NAME <u>JOSEPH S. VAN NOY</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis generalised</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma left breast</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -----				INTERVAL BETWEEN ONSET AND DEATH <u>6 mos.</u> <u>15 mos.</u> <u>170X</u>	
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) _____		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>Nov</u> , 19 <u>48</u> , to <u>July 15, 1949</u> , that I last saw the deceased alive on <u>July 12, 1949</u> , and that death occurred at <u>10:00 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>T. Reid Jones M.D.</u>				23b. ADDRESS <u>1107 Bryant</u>		23c. DATE SIGNED <u>7-16-49</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 17 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT SIDNEY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LINWOOD, KANSAS</u>	
DATE REC'D BY LOCAL REG. <u>7-16-49</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holme</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newnam</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

2-5-
1910
W. J. Stoney

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. Stoney

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. C. 14 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.