

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23729
3120

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>Missouri</u> COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>40 years</u>		c. CITY OR TOWN <u>Kansas City, MO</u>		40	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2416 1/2 Flora</u>				d. STREET ADDRESS (If rural, give location) <u>2416 1/2 Flora</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u>			b. (Middle) <u>Wimberly</u>		c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>7-8-1949</u>
5. SEX <u>Female</u>		6. COLOR OR RACE <u>NEGRO</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-18-1899</u>	
9. AGE (In years last birthday) <u>49 5/8</u>		IF UNDER 1 YEAR Months _____		IF UNDER 1 HR. Days _____		IF UNDER 15 MIN. Hours _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>				10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Rusk Texas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				13a. FATHER'S NAME <u>Don't know</u>		13b. MOTHER'S MAIDEN NAME <u>Dorchie C. Spolan</u>	
14. NAME OF HUSBAND OR WIFE <u>George</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>George Wimberly</u>				ADDRESS <u>2416 1/2 Flora</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Circulatory Failure</u>				INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertrophy of heart</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>H343</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>A.E. Upsher MD</u>				(Degree or title) <u>MD</u>		23b. ADDRESS <u>2800 main</u>	
23c. DATE SIGNED <u>7/13/49</u>				24a. BURIAL CREMATION (Specify) <u>Burial</u>		24b. DATE <u>7-15-1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Kansas</u>					
DATE REC'D BY LOCAL REGS <u>7-18-49</u>		REGISTRAR'S SIGNATURE <u>Staldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN</u>			
				ADDRESS <u>1708 Tracy Ave</u>			

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.....

Laurence A. Jones Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. *4429*

P. O. Address *2500 Park Ave*
K. C. O. 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.