

FILED AUG 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23735

3148

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>002</u>		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 town OR Kansas City)		c. LENGTH OF STAY (in this place) 30 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR Kansas City		110 3		
d. FULL NAME OF HOSPITAL OR INSTITUTION 611 W. 44th. Street				d. STREET ADDRESS (If rural, give location) 611 W. 44th. Street				
3. NAME OF DECEASED (Type or Print) a. (First) Etta		b. (Middle) V.		c. (Last) Work		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1949		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH June 20, 1867		
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Months _____		IF UNDER 1 YEAR Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) Kansas		
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Anthony Amend		13b. MOTHER'S MAIDEN NAME Sarah George		14. NAME OF HUSBAND OR WIFE Oscar Work	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Charles Beck, 611 W. 44th. St.				
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Mellitus						
		INTERVAL BETWEEN ONSET AND DEATH _____						
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) _____ DUE TO (c) Arteriosclerosis						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Gangrene of toes						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input 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) _____ m.		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 2-10-47 , to 7-20-49 , that I last saw the deceased alive on July 14, 1949 and that death occurred at 6:30 am. , from the causes and on the date stated above.								
23a. SIGNATURE G.C. Remley (Degree or title) _____				23b. ADDRESS 832 Orville Blvd		23c. DATE SIGNED 7-20-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-23-49		24c. NAME OF CEMETERY OR CREMATORY McCune		24d. LOCATION (City, town, or county) (State) McCune, Kansas		
DATE REC'D BY LOCAL REG. 7-20-49		REGISTRAR'S SIGNATURE Beraldisa Salme			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Freeman Mortuary, Kansas City, Mo.			

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

11-4
Angela [unclear]

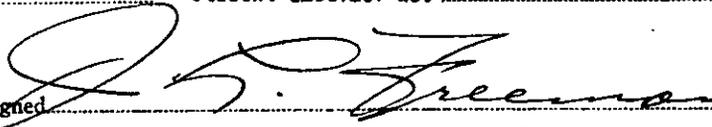
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 2939

P. O. Address K. C. 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.