

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23794
State File No.

BIRTH NO. _____ REG. DIST. NO. 154 PRIMARY REG. DIST. NO. 5575 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> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL, and give town) <u>RURAL Washington</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL Grandview</u>	
c. LENGTH OF STAY (in this place) <u>25 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>126TH HOLMES-R.R.#1 GRANDVIEW</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>126TH HOLMES-R.R.#1 GRANDVIEW</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELVA</u>	b. (Middle) <u>ROSE</u>	c. (Last) <u>HOLMES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-1-1949</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>NOV-23-1899</u>
9. AGE (In years last birthday) <u>49 YEARS</u>		10. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		11. BIRTHPLACE (State or foreign country) <u>EMPORIA KANSAS</u>	
13a. FATHER'S NAME <u>PRENTICE P. DOILE</u>		13b. MOTHER'S MAIDEN NAME <u>DELILAH REEDER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NOISE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>GARRY HOLMES</u>		ADDRESS <u>126TH HOLMES GRANDVIEW, MO.</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>Carcinoma of the ovary.</u>	
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 hrs.</u>	
19a. DATE OF OPERATION <u>5/24/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Dry - Ovary</u>	
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>4/14/49</u> , to <u>8/1/49</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>8/1</u> , 19 <u>49</u> , and that death occurred at <u>6:55 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>D.</u>		23b. ADDRESS <u>1109 Pryorly Kern</u>	
23c. DATE SIGNED <u>8/1/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>AUGUST 6, 1949</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>8/6/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

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

48

AUG 9 RECD

APR 27 1950

JUN 3 0 1953

SEP 23 1949

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 Jess T. Deuss
Licensed Embalmer No. 445-3

P. O. Address Kansas City

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.