

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26945**
3318

FILED AUG 21 1949

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 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 township) OR TOWN Kansas City <u>U</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 10 Yrs.		d. STREET ADDRESS (If rural, give location) 2641 Forest	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			

3. NAME OF DECEASED (Type or Print) a. (First) Harry	b. (Middle) EUGENE	c. (Last) Kursor	4. DATE OF DEATH (Month) (Day) (Year) 7 31 1949
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 2	8. DATE OF BIRTH 9-21-1884	9. AGE (in years last birthday) 65 64	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RESTAURANT MAN	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Wetmore, Kans.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Kursor	13b. MOTHER'S MAIDEN NAME Mitildia Gordon	14. NAME OF HUSBAND OR WIFE UNKNOWN
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Genwald	ADDRESS 5606 Nabash
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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) Post operative ascending colostomy ANTECEDENT CAUSES For clinical intestinal obstruction - unknown cause DUE TO (b) Arteriosclerosis DUE TO (c) Coronary arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 5705	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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)
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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
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22. I hereby certify that I attended the deceased from July 28, 1949, to July 31, 1949, that I last saw the deceased alive on July 31, 1949, and that death occurred at 9:25P. m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Hart (Degree or title) MD.	23b. ADDRESS Med. Dir. Gen'l Hosp.	23c. DATE SIGNED 8-1-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug 1, 1949	24c. NAME OF CEMETERY OR CREMATORY Wetmore Cemetery	24d. LOCATION (City, town, or county) (State) Wetmore, Kans.
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DATE REC'D BY LOCAL REG. 8-1-49	REGISTRAR'S SIGNATURE Thereldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE B. G. Fuller	ADDRESS R-C Kans.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Berger

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.....

Billy J. Skinner

Student Embalmer No. *320*

working under my personal supervision.

Student *Billy J. Skinner*
Student Embalmer

Signed

M. M. Swisher

Licensed Embalmer No. *3505*

P. O. Address *K. C. Reno*

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.