

FILED SEP 2 1949

STANDARD CERTIFICATE OF DEATH

State File No. 26997
3528
Registrar's No. 3528

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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		c. LENGTH OF STAY (in this place) Life	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		12
d. FULL NAME OF HOSPITAL OR INSTITUTION 219 West 9th St.			d. STREET ADDRESS (If rural, give location) 219 West 9th St		
3. NAME OF DECEASED a. (First) Florence b. (Middle) N. c. (Last) Nugent			4. DATE OF DEATH (Month) (Day) (Year) 8 13 49		
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct 28, 1896	9. AGE (In years last birthday) 53	10. IF UNDER 1 YEAR Months 10 Days 16
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) switchboard opp.		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (State or foreign country) Kansas City Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.
13a. FATHER'S NAME John James		13b. MOTHER'S MAIDEN NAME Margaret O'Laughlin		14. NAME OF HUSBAND OR WIFE Edward	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490 16 9165	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Arthur Saint 1107 Orville KCK		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably Coronary Occlusion					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Post Refused				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201			
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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11:15 P.M. , from the causes and on the date stated above.					
23a. SIGNATURE Hugh H. Owens (Degree or title)			23b. ADDRESS 1034 Oak Gro Bldg		23c. DATE SIGNED 8-14-49
24a. BURIAL CREMATION, REMOVAL (Specify) burial	24b. DATE 8-16-49	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Ks.		
DATE REC'D BY LOCAL REG. 8-15-49		REGISTRAR'S SIGNATURE Seraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Eads Bros. Funeral Home. KCK	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *John W. Laybourn* _____

Licensed Embalmer No. 1715

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.