

FILED SEP 17 1949

STANDARD CERTIFICATE OF DEATH

State File No. 30135

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1001 Registrar's No. 3732

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) 45 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		74			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			d. STREET ADDRESS (If rural, give location) Kansas City - 5346 Harrison					
3. NAME OF DECEASED (Type or Print) Mabel		a. (First)	b. (Middle) Procter	c. (Last) Calvin	4. DATE OF DEATH (Month) (Day) (Year) Aug. 27 1949			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Aug. 25, 1880		9. AGE (In years last birthday) (8) 69	IF UNDER 1 YEAR Months 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) Mo.		12. CITIZEN OF WHAT COUNTRY? Us	
13a. FATHER'S NAME Eugene Procter			13b. MOTHER'S MAIDEN NAME Hattie Donaldson		14. NAME OF HUSBAND OR WIFE Walter W. Calvin			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS WALTER W. CALVIN 5346 Harrison				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Cecum - metastasis 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.					INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X					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) 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 7-23, 1948 , to Aug 27, 1949 , that I last saw the deceased alive on Aug 27, 1949 , and that death occurred at 12:45 p.m. , from the causes and on the date stated above.								
23a. SIGNATURE M. Donald McFarland (Degree or title)				23b. ADDRESS 315 Alameda Rd		23c. DATE SIGNED 8-29-49		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8/31/49	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Pantheon		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri			
DATE REC'D BY LOCAL REG. 8-30-49		REGISTRAR'S SIGNATURE Sheldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE CO. 5346 Harrison				

(Licensed Embalmer's Statement on Reverse Side)

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

10, 10 20
W. J. J. J. J.
M. J. J. J. J.
1-30 P.M.

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 Max E. Meyer
Licensed Embalmer No. 4555
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.