

FILED OCT 1 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30149

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3990			
1. PLACE OF DEATH a. COUNTY JACSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACSON					
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (in this place) 40 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		56 th			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3236 BELLEFONTAINE AVENUE				d. STREET ADDRESS (If rural, give location) 3236 BELLEFONTAINE AVENUE					
3. NAME OF DECEASED (Type or Print) a. (First) MARY		b. (Middle) ETHEL		c. (Last) CHILDS		4. DATE OF DEATH (Month) (Day) (Year) SEPT-14-1949			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED MARRIED		8. DATE OF BIRTH NOV-16-1889			
9. AGE (In years last birthday) 59 YEARS		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) UNION STAR MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME SETH F. BURSON		13b. MOTHER'S MAIDEN NAME EMMA F. EBERSOLD		14. NAME OF HUSBAND OR WIFE ARTHUR B. CHILDS					
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. ARTHUR B. CHILDS 3236 BELLEFONTAINE KANSAS CITY, MO					
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Respiratory failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) unoperable Carcinoma of abdomen - generalized. DUE TO (c) (m.m.o.) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1976				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) (Min.)		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 6/23, 1949, to Sept 14, 1949, that I last saw the deceased alive on 9/13, 1949, and that death occurred at 1:10 P. m., from the causes and on the date stated above.									
23a. SIGNATURE H.O. PERCE				23b. ADDRESS (Degree of title) 2722 Proctor		23c. DATE SIGNED 9/14/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE SEPT-17-1949		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI			
DATE REC'D BY LOCAL REG. 9-17-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. H. Newcomer Sons 1331 BRUSH CREEK BLVD KANSAS CITY MISSOURI					

WRITE PLAINLY—USING UNFAADING 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 *Bernard L. Jordan*

Licensed Embalmer No. *4250*

P. O. Address *H. 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.