

FILED SEP 23 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30256

State File No. _____

3899

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>KANSAS</u> b. COUNTY <u>JOHNSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (In this place) <u>1 YEAR</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>9319 MYRIE DRIVE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LINDEMAN HOME 3537 MAIN STREET 3</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAKE</u>			b. (Middle) _____			c. (Last) <u>FRANCE</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 8 - 1949</u>		5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>AUG-15-1864</u>		9. AGE (In years last birthday) <u>85 YEARS</u>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 1 MRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN BROKER</u>		11. BIRTHPLACE (State or foreign country) <u>ALBERT LEA MINNESOTA</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JOSEPH FRANCE</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH WHITE</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MINNIE FRANCE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MINNIE FRANCE</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Generalized arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
		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. <u>Broncho-pneumonia</u>				<u>48 hrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500</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) (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 <u>June</u> , 19 <u>49</u> , to <u>Sept 8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Sept 8</u> , 19 <u>49</u> and that death occurred at <u>2:25 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Martin J. Mueller</u> (Degree or title)				23b. ADDRESS <u>1110 D. 934 Angler Bldg, K. C. Mo</u>		23c. DATE SIGNED <u>Sept 9, 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>SEPT-10-1949</u>		24c. NAME OF GEMEFERY-OR CREMATORY <u>DW. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>9-10-49</u>		REGISTRAR'S SIGNATURE <u>Thereldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>DW. Newcomer's Sons</u>		ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>	

(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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Edward M. Storey

Signed.....
Student Embalmer

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.