

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30403

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4010

1. PLACE OF DEATH - a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1A</u>		d. STREET ADDRESS (If rural, give location) <u>3729 Locust</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Rachel</u>	b. (Middle) <u>Belle</u>	c. (Last) <u>Luther</u>	(Month) <u>9</u>	(Day) <u>17</u>	(Year) <u>1949</u>
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>March 17, 1859</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Stanley, Kans.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>

13a. FATHER'S NAME <u>-- Taylor</u>	13b. MOTHER'S MAIDEN NAME <u>-- Gray</u>	14. NAME OF HUSBAND OR WIFE <u>W. Luther</u>
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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>Mr. Paul Luther</u>	ADDRESS <u>3729 Locust</u>
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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, asthma, 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) <u>Lobar pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Intertrochanteric fr. rt.</u> DUE TO (c) _____		<u>1 mo. 9 das.</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Congestive heart failure</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>E9047 21</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Conv. Home-620 Benton</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Missouri</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 8 49</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fall</u>
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22. I hereby certify that I attended the deceased from Aug. 8, 1949, to Sept. 17, 1949, that I last saw the deceased alive on Sept. 17, 1949, and that death occurred at 1:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) <u>MS III</u>	23b. ADDRESS <u>Med. Dir. Gen'l Hosp.</u>	23c. DATE SIGNED <u>9-18-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>cremation</u>	24b. DATE <u>9-19-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D. W. Newcomer's Sons</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>9-18-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer's Sons</u>	ADDRESS <u>1331 Brush Creek</u>
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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.....

Licensed Embalmer No.....

P. O. Address.....

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.

WRITE PLAINLY—USING UNFADING INK

etc. It means the disease, injury, or complication which caused death.		the underlying cause last.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Congestive heart failure Lobar pneumonia						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Intubation fracture rt				20. AUTOPSY?		YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT Accident 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 Aug 8, 1949, to Sept 17, 1949, that I last saw the deceased alive on Sept 17, 1949, and that death occurred at 1 ¹⁵ P m., from the causes and on the date stated above.								
23a. SIGNATURE Richard M. Hanson M.D.		(Degree or title)	23b. ADDRESS Genl Hosp		23c. DATE SIGNED 9/18/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION	24b. DATE SEPT. 19, 1949	24c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS CREM.		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI				
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE D.W. NEWCOMER'S SONS				ADDRESS 1731 BRUSH CREEK KANSAS CITY, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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.....

Robert Ray

Licensed Embalmer No. *4182*

P. O. Address *Kansas City, 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.