

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 1 1949

State File No. **30441**
3933

| | | | | | | | | | |
|---|--|---|--|--|--|---|--|--|--|
| 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>Missouri</u> b. COUNTY <u>Jackson</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>80 yrs</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>2637 Cleveland</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u> | | | | 3. NAME OF DECEASED a. (First) <u>Etta</u> b. (Middle) <u>Belle</u> c. (Last) <u>Mason</u> | | | | | |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>9 11 49</u> | | 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widow</u> | | | |
| 8. DATE OF BIRTH <u>Aug. 6 1869</u> | | 9. AGE (In years last birthday) <u>80</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | |
| 11. BIRTHPLACE (State or foreign country) <u>Kansas City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> | | 13a. FATHER'S NAME <u>John Stovall</u> | | 13b. MOTHER'S MAIDEN NAME <u>Mary Willecox</u> | | | |
| 14. NAME OF HUSBAND OR WIFE <u>Abner L. Mason</u> | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME <u>William Stovall</u> ADDRESS <u>Kansas City, Mo</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>Injury by fall fracture left hip</u> ANTECEDENT CAUSES <u>operative hip nailing</u> <u>Coronary arteriosclerotic - post</u> Morbidity 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 <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | | | INTERVAL BETWEEN ONSET AND DEATH _____ | |
| 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | E4-11-49 | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>at home</u> | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson, Mo.</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9-5-49</u> | | | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>fell in home</u> | | 22. I hereby certify that I attended the deceased from <u>9-5</u> , 19 <u>49</u> to <u>9-11</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9-11</u> , 19 <u>49</u> , and that death occurred at <u>4:45 p.m.</u> , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE <u>Wm. W. Hart</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>Med. Dir. General Hospital</u> | | 23c. DATE SIGNED _____ | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>9-14-1949</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | | | |
| DATE REC'D BY LOCAL REG. <u>9-13-49</u> | | REGISTRAR'S SIGNATURE <u>Gertrude Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u> ADDRESS <u>Kansas City, Mo</u> | | | | | |

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 Clark
Licensed Embalmer No. 4716
P. O. Address: R. 6, 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.