

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED SEP 17 1949

3617

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>35 yrs.</u>		38	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2637 E. 29th STREET</u>		d. STREET ADDRESS (If rural, give location) <u>2637 E. 29th STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MRS. ORAH</u> b. (Middle) <u>I</u> c. (Last) <u>WEISS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 21 1949</u>		
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5. SEX <u>FEMALE</u>		16. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, <u>WIDOWED</u> (Specify)		8. DATE OF BIRTH <u>JANUARY 1, 1875</u>		9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WARRENSBURG, MISSOURI</u>				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
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13a. FATHER'S NAME <u>HARVEY DEARMOND</u>			13b. MOTHER'S MAIDEN NAME <u>ANNA L. DILLARD</u>			14. NAME OF HUSBAND OR WIFE <u>CARL F. WEISS</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Dr. Amy Brown</u> ADDRESS <u>2637 E. 29th Street</u>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Result of fall + Arteriosclerosis</u>		MEDICAL CERTIFICATION <u>29th day of August 1949</u> INTERVAL BETWEEN ONSET AND DEATH <u>18 mo</u>					
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Result of fall + Arteriosclerosis</u>		ANTECEDENT CAUSES DUE TO (b) <u>Malnutrition</u>				18 mo	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating 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.						<u>4500</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from 11-9- 1947, to 8-21- 1949 that I last saw the deceased alive on 8-21, 1949, and that death occurred at 11 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Amy E. Brown</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2637 E 29</u>		23c. DATE SIGNED <u>8-21-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MT. WASHINGTON CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>8-22-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmstead</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK</u>		KANSAS CITY, MO.	
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(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Jess T. Deews

Licensed Embalmer No. *445-3*

P. O. Address

Kansas City

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.