

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34032**
4257

FILED OCT 22 1949

S. No. 300
V. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

| | | | | | | | | |
|---|----------------------------|---|--|--|---------------------------------------|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. _____ | | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Missouri b. COUNTY Jackson | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | | c. LENGTH OF STAY (In this place) Life | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3217 Euclid | | | | d. STREET ADDRESS (If rural, give location) 3217 Euclid | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DOROTHY | | | b. (Middle) A. | | c. (Last) WEISS | | 4. DATE OF DEATH (Month) (Day) (Year) 9 30 49 | |
| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married | | 8. DATE OF BIRTH 10-16-1890 | | 9. AGE (In years last birthday) 58 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home | | 10b. KIND OF BUSINESS OR INDUSTRY XX | | 11. BIRTHPLACE (State or foreign country) Kansas City Mo. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | |
| 13a. FATHER'S NAME John M. Weiss | | | 13b. MOTHER'S MAIDEN NAME Elizabeth A. Jacoby | | 14. NAME OF HUSBAND OR WIFE XX | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. XX | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louise A. Weiss, 3217 Euclid KC 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death by Hanging 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. | | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Death by Hanging | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo | | | | |
| 21d. TIME OF INJURY 9-30-44 6:45 P. m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR Hung himself | | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:45 P. m. , from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE Hugh H. Owens (Degree of title) | | | | 23b. ADDRESS 1034 Park Bldg | | 23c. DATE SIGNED 10-1-49 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 10-3-49 | | 24c. NAME OF CEMETERY OR CREMATORY Forest Hill | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | | |
| DATE REC'D BY LOCAL REG. 10-4-49 | | REGISTRAR'S SIGNATURE Deraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JW Wagner 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 Alvin R. Hauschke

Licensed Embalmer No. 4159

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.