

FILED NOV 25 1949

STANDARD CERTIFICATE OF DEATH

State File No. 36674

BIRTH NO. _____		REG. DIST. NO. <u>72</u>		PRIMARY REG. DIST. NO. <u>2289</u>		Registrar's No. <u>125</u>	
1. PLACE OF DEATH a. COUNTY <u>AVONDALE, MO.</u> MISSOURI				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>MO</u> b. COUNTY <u>CLAY</u> c. CITY OR TOWN <u>AVONDALE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rt. 11 - N.W.C. Rural</u>		c. LENGTH OF STAY (In this place) <u>30 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>AVONDALE</u>		d. STREET ADDRESS (If rural, give location) _____	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME 1</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 16 1949</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA B.</u> b. (Middle) <u>WIETS</u> c. (Last) _____		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		8. DATE OF BIRTH <u>Dec 26, 1889</u>		9. AGE (In years last birthday) <u>89</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>21</u> IF UNDER 1 HR. Hours _____ Min. _____	
11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>GEORGE MCKAY</u>		13b. MOTHER'S MAIDEN NAME <u>UNIT</u>	
14. NAME OF HUSBAND OR WIFE <u>FRANK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>IVAN D VIETS</u> ADDRESS <u>OZARK, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>					
		DUE TO (c) <u>Stenosis</u>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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>10-11</u> , 19 <u>48</u> , to <u>death</u> , that I last saw the deceased alive on <u>11-15</u> , 19 <u>49</u> , and that death occurred at <u>10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>North KC, Mo.</u>		23c. DATE SIGNED <u>11/17/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11-18-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FLOPAC HILLS</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON County</u>	
DATE REC'D BY LOCAL REG. <u>Nov 17 - 1949</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>KC Mo 7406 Wornell</u>	

(Licensed Embalmer's Statement on Reverse Side).

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

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RECEIVED

NOV 21

District Health Officer No. 8,

District File Number _____

Date Filed 11-23-49

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 Russell M. France

Licensed Embalmer No. 4255

P. O. Address. 2406 W. 11th St.
D.C. 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.