

FILED MAR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4740**
653

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN) KANSAS CITY		c. LENGTH OF STAY (in this place) 40 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		d. STREET ADDRESS (If rural, give location) 1115 VALENTINE ROAD			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1115 VALENTINE ROAD				3468					
3. NAME OF DECEASED (Type or Print) a. (First) JOHN		b. (Middle) WALTER		c. (Last) AMRINE		4. DATE OF DEATH (Month) (Day) (Year) FEB 11 1950			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH AUGUST 28, 1870			
9. AGE (In years last birthday) 79		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BROKER		10b. KIND OF BUSINESS OR INDUSTRY BROKER		11. BIRTHPLACE (State or foreign country) ILLINOIS			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME ROBERT F. AMRINE		13b. MOTHER'S MAIDEN NAME Margaret Smiley		14. NAME OF HUSBAND OR WIFE BERTHA JUNKERMAN AMRINE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT MERLE AMRINE HOUSTON, TEXAS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis (m.m.a.)				ANTECEDENT CAUSES					
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					
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		1998				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 Apr 7, 1946 , to Feb 11, 1950 , that I last saw the deceased alive on Feb 10, 1950 , and that death occurred at 5:50 Am. , from the causes and on the date stated above.									
23a. SIGNATURE Jos. W. Parker Jr. (Degree or title)				23b. ADDRESS M.L. 2603 E 31st St. K.C. Mo.		23c. DATE SIGNED 2-12-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 2-13-50		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 2-13-50				REGISTRAR'S SIGNATURE M. Holman		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE KANSAS CITY, MISSOURI			

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

2603

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

S J Allen

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

1415
H. Cho

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.