

FILED APR 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8748
State File No. 1399

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 township) KANSAS CITY		c. LENGTH OF STAY (in this place) 32 mo.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		125	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL				d. STREET ADDRESS (If rural, give location) 3419 VIRGINIA 329			
3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) IRENE c. (Last) HUSEBY			4. DATE OF DEATH MARCH 24 1950				
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUNE 25 1898	
9. AGE (in years last birthday) 51		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) ST. JOSEPH MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME WILLIAM J. BURNETTE			13b. MOTHER'S MAIDEN NAME MARY LEWIS		14. NAME OF HUSBAND OR WIFE FINN H. HUSEBY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS FINN H. HUSEBY - 3419 VIRGINIA			
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) General Peritonitis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Obstruction DUE TO (c) Gangrene - adhesions 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 Above 5705			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) (Minute)		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 alive on _____, 19____, and that death occurred at 12:45 P.M., 19____, from the causes and on the date stated above.							
23a. SIGNATURE Russell W. Kerr MD (Degree or title)				23b. ADDRESS St. Joseph Hospital		23c. DATE SIGNED 9/8/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAR 27 1950		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO	
DATE REC'D BY LOCAL REG. 3-25-50		REGISTRAR'S SIGNATURE Theroldine Holmes			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W.W. Newcomer's bus 1331 Bristol		

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 _____

working under my personal supervision.

Student Embalmer No.

Signed *D. D. Nozinger*

Signed.....
Student Embalmer

Licensed Embalmer No. *3938*

P. O. Address *Kansas City 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.