S. No. 300
v. 10.48

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

FILED APR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8800

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1172

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 707 East 34th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 707 East 34th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Ida
b. (Middle) May
c. (Last) Latapie

4. DATE OF DEATH (Month) 3 (Day) 12 (Year) 50

5. SEX Fe
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced
8. DATE OF BIRTH 2-26-97
9. AGE (In years last birthday) 53 — If under 1 year: Months 0 Days 14 — 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 housewife
11. BIRTHPLACE (State or foreign country) Jameson Mo. 10
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Henry Burnes
13b. MOTHER'S MAIDEN NAME Sarah E.Kidwell
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. —
17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Hatfield **ADDRESS** 1349 Brown KCK

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) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza a. Diabetis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Hallitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 480X
20. AUTOPSY? YES ☐ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-11, 1950, *to* 3-12, 1950, *that I last saw the deceased alive on* 3-12, 1950, *and that death occurred at* 3 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Gertrude Stevens (Degree or title) DO
23b. ADDRESS 1103 E Armour Kansas City
23c. DATE SIGNED 3-13-50

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3-15-50
24c. NAME OF CEMETERY OR CREMATORY Memorial Park Ks
24d. LOCATION (City, town, or county) Kansas City (State) Kans

DATE REC'D BY LOCAL REG. 3-13-50
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE EADS BROS.FUNERAL HOME **ADDRESS** KCK

(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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed C. H. Beckwith

Signed _____
Student Embalmer

Licensed Embalmer No. 3937

P. O. Address Kans. City Kans.

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.