

FILED APR 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9168

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>50</u>	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL PRAIRIE TWP</u>		c. LENGTH OF STAY (in this place) <u>34-9M-28D</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY MO</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>JACKSON CO. HOME WHITE R #4 INDEP MO</u>				d. STREET ADDRESS (If rural, give location) <u>Unknown</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CORA</u>			b. (Middle) _____			c. (Last) <u>JACKSON</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 17-1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Unknown</u>	
8. DATE OF BIRTH <u>1869</u>		9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months Days		IF UNDER 48 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unknown</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>			11. BIRTHPLACE (State or foreign country) <u>Unknown</u>	
12. CITIZENSHIP OF WHAT COUNTRY? <u>7</u>		13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If Yes, give war or dates of service) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JACKSON CO HOME RECORDS R #4 INDEP 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Breast with extensive metastasis</u> 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 <u>3 years</u> <u>70 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) m.		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>March 7, 1950</u> to <u>March 17, 1950</u> , that I last saw the deceased alive on <u>March 15, 1950</u> , and that death occurred at <u>1:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Harrison</u>			23b. ADDRESS <u>1st West Bank Bldg. Independence Mo</u>			23c. DATE SIGNED <u>3/17/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/18/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u>		24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u>	
DATE RECD BY LOCAL REG. <u>3/18/50</u>		REGISTRAR'S SIGNATURE <u>Edward C. Emshaw</u>		FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Langford</u>		ADDRESS <u>Leis Summit Mo</u>	

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

MAR 31 RECD

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.

not embalmed

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed *W. B. Raney*
Licensed Embalmer No. _____

Licensed Embalmer No. *3833*

P. O. Address *Florence, S. C.*

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.