

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12011

State File No.

BIRTH NO. _____ REG. DIST. NO. 112 PRIMARY REG. DIST. NO. 1000 Registrar's No. 526

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>St. Joseph</u>	c. LENGTH OF STAY (in this place township) <u>374 7 mo, 2 day</u>	c. CITY OR TOWN <u>Independence</u>	0484
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>		d. STREET ADDRESS (If rural, give location) <u>not given</u>	
3. NAME OF DECEASED (Type or Print) <u>Rose</u>	a. (First)	b. (Middle) <u>***</u>	c. (Last) <u>Kaplan</u>
4. DATE OF DEATH	(Month) <u>April</u>	(Day) <u>24</u>	(Year) <u>1950</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH
9. AGE (in years last birthday) <u>about 72</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 18 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	11. BIRTHPLACE (State or foreign country) <u>Russia</u>	12. CITIZEN OF WHAT COUNTRY? <u>6</u>
13a. FATHER'S NAME <u>not given</u>	13b. MOTHER'S MAIDEN NAME <u>not given</u>	14. NAME OF HUSBAND OR WIFE <u>not given</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>County Clerk Jackson County, Mo</u>	
17. ADDRESS <u>County Clerk Jackson County, Mo</u>	MEDICAL CERTIFICATION		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <u>Chronic Myocarditis</u>		
	DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS		602X
	Conditions contributing to the death but not related to the disease or condition causing death.		
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>April 1, 1950</u> , to <u>April 24, 1950</u> , that I last saw the deceased alive on <u>April 24, 1950</u> , and that death occurred at <u>12:50 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>James Thomas M.D.</u>	23b. ADDRESS <u>St Joseph Mo of State Hosp</u>	23c. DATE SIGNED <u>4/24-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Apr. 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Not Given</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>May 4, 1950</u>	REGISTRAR'S SIGNATURE <u>H. B. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Meinhoffen-Thleman</u>	ADDRESS <u>St. Joseph, Mo</u>

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, *****

Student Embalmer No. *****

working under my personal supervision.

Student *****
Student Embalmer

Signed Raymond W. Marcher
Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, 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.