

FILED APR 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **12014**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **472**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Joseph</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <b>3638</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>State Hospital No. 2</b>		d. STREET ADDRESS (If rural, give location) <b>4329 Woodland. 1</b>	

3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>		a. (First) <b>W.</b>		b. (Middle) <b>(unintelligible)</b>		DATE (Month) (Day) (Year) <b>4-17-1950</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>	8. DATE OF BIRTH <b>? ? 1891</b>	AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months <b>7</b>	IF UNDER 1 HRS. Hours <b>?</b> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>none</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>none</b>	11. BIRTHPLACE (State or foreign country) <b>Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>?</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Elizabeth King</b>	ADDRESS <b>4329 Woodland, K.S.Mo</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute dilatation of stomach</b>		<b>5 hours</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Overeating</b> DUE TO (c) _____		<b>5441</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>mental defect</b>		<b>Since birth</b>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **1-1-** 19**47**, to **4-17-** 19**50**, that I last saw the deceased alive on **4-17-** 19**50**, and that death occurred at **3:50 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>J. H. Newcomer, M.D.</b>	23b. ADDRESS <b>St. Joseph, Mo. State Hospital No. 2.</b>	23c. DATE SIGNED <b>4-17-1950.</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>4/17/50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Newcomer Sons</b>	24d. LOCATION (City, town, or county) (State) <b>Kans City, Missouri</b>
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DATE RECD BY LOCAL REG. <b>April 19, 1950</b>	REGISTRAR'S SIGNATURE <b>M. G. Jenkins</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>J. H. Newcomer Sons</b>	ADDRESS <b>K.C. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48117  
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**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.....

..... Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed Robert A. Ray.....

Licensed Embalmer No. 4182.....

P. O. Address Kans 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.