

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13048**
1526

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

| | | | |
|-------------------------------------------------------------------|---------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|--|
| 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 OR TOWN <u>Kansas City</u> | c. LENGTH OF STAY (in this place) <u>10 yrs -</u> | c. CITY OR TOWN <u>Kansas City</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>447 North Hardisty</u> | | d. STREET ADDRESS (If rural, give location) <u>447 North Hardisty</u> | |

3. NAME OF DECEASED (Type or Print)
a. (First) EMMA b. (Middle) _____ c. (Last) KAPKE

4. DATE OF DEATH (Month) (Day) (Year) Mar 31 1950

5. SEX Female 6. COLOR OR RACE White 7. MARRIED-NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2 8. DATE OF BIRTH March 2 1865 9. AGE (In years last birthday) 85

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home 10b. KIND OF BUSINESS OR INDUSTRY Housewife 11. BIRTHPLACE (State or foreign country) Germany 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Dzur 13b. MOTHER'S MAIDEN NAME Rosette Mullenbauer 14. NAME OF HUSBAND OR WIFE Herman Kapke

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. NONE 17. INFORMANT'S SIGNATURE OR NAME Ms Helen Greenwood ADDRESS Kan. City, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis MEDICAL CERTIFICATION

ANTECEDENT CAUSES DUE TO (b) Arterio Sclerosis

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

INTERVAL BETWEEN ONSET AND DEATH 1 day

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 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) _____ 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 2/6, 1950, to 3/31, 1950, that I last saw the deceased alive on 3/31, 1950, and that death occurred at 12:25 p.m., from the causes and on the date stated above.

23a. SIGNATURE R.A. Williams (Degree or title) _____ 23b. ADDRESS 5400 St John Ave T.C. Mo. 23c. DATE SIGNED 3/31/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE April - 3 - 1950 24c. NAME OF CEMETERY OR CREMATORY Belwood 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 4-1-50 REGISTRAR'S SIGNATURE Sheraldine Holmes 25. FUNERAL DIRECTOR'S SIGNATURE Ms. C. P. Foster ADDRESS Kan. City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

Attest
B.E. 2659

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 Dean Owens

Signed.....
Student Embalmer

Licensed Embalmer No. 4280

P. O. Address K. C., 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.