

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **13215**
Registrar's No. **1449**

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1449			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)					
a. COUNTY Jackson		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		a. STATE Missouri		b. COUNTY Jackson			
c. LENGTH OF STAY (in this place) 8 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1019 East 12th St.,		2/18 2/10			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1019 East 12th St.,									
3. NAME OF DECEASED			4. DATE OF DEATH						
a. (First) Essie	b. (Middle) R.	c. (Last) Redmon	(Month) Mar.	(Day) 28	(Year) 1950				
(Type or Print)									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 19 1901			
9. AGE (in years last birthday) 49		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME William Foster		13b. MOTHER'S MAIDEN NAME Louisa Hughes		14. NAME OF HUSBAND OR WIFE Effie Redmon			
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 490-24-0478 NO.		17. INFORMANT'S SIGNATURE OR NAME Malvin L. Henry		ADDRESS Kansas City, Mo			
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, asphyxia, 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) acute cardiac dilatation				ANTECEDENT CAUSES				1 1/2 years	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) chronic myocarditis				2 years	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4222		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) (Min.)		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 Sept 13, 1949 , to March 28, 1950 , that I last saw the deceased alive on March 25, 1950 , and that death occurred at 6:00pm. , from the causes and on the date stated above.									
23a. SIGNATURE A. C. Cacioppo DO. (Degree or title) Dr. A. C. Cacioppo D.O.				23b. ADDRESS 3622 Indus. ave		23c. DATE SIGNED 3-28-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 31 1950	24c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri				
DATE REC'D BY LOCAL REG. 3-28-50		REGISTRAR'S SIGNATURE M. L. Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. C. L. Forster Kansas City, Missouri					

(Licensed Embalmer's Statement on Reverse Side)

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

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 Awe

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.