

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13403**

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 74

0480
5

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>2 mth 23d</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Jackson County Home</u>		d. STREET ADDRESS (If rural, give location) <u>8904 Walnut</u>	

3. NAME OF DECEASED (Type or Print) <u>ELIZABETH</u>	a. (First) _____ b. (Middle) <u>DEHART</u> c. (Last) _____	4. DATE OF DEATH (Month) (Day) (Year) <u>4-17-50</u>
--	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	8. DATE OF BIRTH <u>6-25-1884</u>	9. AGE (In years last birthday) <u>65</u>					
-----------------	---------------------------	---	-----------------------------------	---	---	---	---	---	---

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>At home</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Charles L. Hill</u>	13b. MOTHER'S MAIDEN NAME <u>Phoebe Crawford</u>	14. NAME OF HUSBAND OR WIFE <u>Arthur C. DeHart</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Jackson Co. Home - Rt. #4</u>	ADDRESS <u>Jackson 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>months</u> <u>years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uterine Hemorrhage</u>		
	II. OTHER SIGNIFICANT CONDITIONS <u>Senile Dementia</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) <u>1741X</u>
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 March 8, 1950, to April 17, 1950, that I last saw the deceased alive on April 14, 1950, and that death occurred at 9:35 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. A. Hulman</u> (Degree or title) <u>D. med.</u>	23b. ADDRESS <u>1st Natl Bank Bldg Independence Mo</u>	23c. DATE SIGNED <u>4/17/50</u>
---	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/23/50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
---	--------------------------	---	--

DATE RECD BY LOCAL REG. <u>4/23/50</u>	REGISTRAR'S SIGNATURE <u>Donald C. Curshaw</u> 378	25. FUNERAL DIRECTOR'S SIGNATURE <u>Gates Funeral Home</u>	ADDRESS <u>K.C. Mo.</u>
--	--	--	-------------------------

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

MAY 4 RECD

MAY 12 1950

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 *Jimmy S. Hucksom*
Licensed Embalmer No. *4092*

P. O. Address *Mission, Tenn.*

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.