

FILED MAY 20 1950

## STANDARD CERTIFICATE OF DEATH

State File No. **16737**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>2085</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</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) <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>37 yrs.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>2611 Cherry Street</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>				3. NAME OF DECEASED a. (First) <b>Francis</b> b. (Middle) <b>L.</b> c. (Last) <b>GEORGE</b>					
4. DATE OF DEATH <b>May 5, 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>			
8. DATE OF BIRTH <b>11-11-1912</b>		9. AGE (In years last birthday) <b>37</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Operating Engineer</b>		11. BIRTHPLACE (State or foreign country) <b>Kansas City, Kansas</b>			
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>William E. George</b>		13b. MOTHER'S MAIDEN NAME <b>Mabel Lindstrom</b>		14. NAME OF HUSBAND OR WIFE <b>Mary George</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-05-6500</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Mary George, 2611 Cherry, K. C., Mo.</b>					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Anaphylactic Serum Reaction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Tetanus</b> DUE TO (c) <b>Traumatic injuries both hands</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>10 min.</b> <b>24 hrs</b> <b>4-17-50</b> <b>F</b>	
19a. DATE OF OPERATION <b>4-17-50</b> <b>4-25-50</b>		19b. MAJOR FINDINGS OF OPERATION <b>Traumatic injuries both hands -</b> <b>gargere of rest 2-3 &amp; 4 fingers</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Muehlebach Brewery</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Kansas City, Jackson, Missouri</b>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>April 17, 50</b> m.			
21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Hands caught in a conveyor belt.</b>							
22. I hereby certify that I attended the deceased from <b>4-17</b> , 19 <b>50</b> , to <b>5-5</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>5-5</b> , 19 <b>50</b> , and that death occurred at <b>11:30 A.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Carl Emma</b> <b>Carl Emma, O. M. D.</b>				23b. ADDRESS <b>1200 Professional Bldg</b> <b>K. C. Mo.</b>		23c. DATE SIGNED <b>5-6-50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5-8-50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Olivet</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>5-6-50</b>		REGISTRAR'S SIGNATURE <b>Seraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar, Kansas City, Mo.</b>					

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Cuna  
1200 Professional Bldg

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

*Max H. Kirkendall*

Signed

Student Embalmer

Licensed Embalmer No.

4632

P. O. Address

*H. C. Ma*

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.