

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 26 1950

State File No. 16873

2155

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) STATE <u>Mo.</u> COUNTY <u>Jackson</u>		
b. CITY OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 1/2 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		342
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2810 Tracy Ave</u>			d. STREET ADDRESS (If rural, give location) <u>2810 Tracy Ave</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Adeline</u> b. (Middle) <u>Milgram</u> c. (Last) <u>Milgram</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9 '50</u>		
5. SEX <u>Fe</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct 9 1899</u>		9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) <u>50</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	11. BIRTHPLACE (State or foreign country) <u>France</u>		12. CITIZEN OF WHAT COUNTRY? <u>--</u>

13a. FATHER'S NAME <u>Marcus Fisher</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Weinberg</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Milgram</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. M. M. Saper</u> ADDRESS <u>4125 8th St.</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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion?</u>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Treated for Heart</u>			4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Post Refused</u>		20. AUTOPSY? YES <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Natural</u>	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the cause and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>1034 Reato Bldg</u>	23c. DATE SIGNED <u>5-10-50</u>
--	--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 10 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>
---	------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>5-10-50</u>	REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carroll Davidson</u>	ADDRESS <u>3024 Troost Ave</u>
---	---	--	--------------------------------

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

STATEMENT BY LICENSED EMBALMER

I certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
under my personal supervision.

Student Embalmer No.....

Signed.....

Kathryn E. David

Licensed Embalmer No. *3648*

P. O. Address *Kansas City, Mo*

Signed.....
Student Embalmer

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.