

FILED JUN 29 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20622**

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

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104 (P)

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 5568 Registrar's No. 239

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>Kansas City, Route No. 9</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City, Route No. 9.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Crawford Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>3331 Arlington Blue.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINNIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>KEIM</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 14 1950</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>June 10 1869</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months Days	IF UNDER 18 Hrs. Min.
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>*****</u>	11. BIRTHPLACE (State or foreign country) <u>Effingham Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	

13a. FATHER'S NAME <u>Jacob Fager</u>		13b. MOTHER'S MAIDEN NAME <u>Jane</u>		14. NAME OF HUSBAND OR WIFE <u>No record</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>Mrs Mae Roller Kas. City, Mo.</u> ADDRESS _____	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho-pneumonia</u>		ANTECEDENT CAUSES Morbidity 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.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					<u>491X</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)			
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 6-11-, 1950, to 6-13-, 1950 (that I last saw the deceased alive on 6-13-, 1950, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>F. L. Laffoon M.D.</u> (Degree or title)		23b. ADDRESS <u>Raytown, Mo.</u>		23c. DATE SIGNED <u>6-14-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 14 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Topeka, Kansas</u>		24d. LOCATION (City, town, or county) (State)	
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DATE REC'D BY LOCAL REG. <u>June 15 1950</u>		REGISTRAR'S SIGNATURE <u>Alma</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs C.L. Forster</u> ADDRESS <u>918 Brooklyn K.C. Mo.</u>	
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JUN 26 RECD

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.....

C. K. Barnes

working under my personal supervision.

Student Embalmer No. *948*.....

Signed *Clayton Barnes*
Student Embalmer

Signed *J. Vigil Harris*
Licensed Embalmer No. *3599*

P. O. Address *St. Louis City 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.