

FILED JUL 22 1950

STANDARD CERTIFICATE OF DEATH

State File No. **23507**
2916

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) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>KANSAS CITY</u>	
c. LENGTH OF STAY (In this place) <u>38 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>2915 BENTON BLVD</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2915 BENTON BLVD</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>	b. (Middle) <u>ELLER</u>	c. (Last) <u>DAGUE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE-29-1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>OCT-16-1879</u>	9. AGE (In years last birthday) <u>70 YRS</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 WKS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>MANN-MERGOTT DUSTRY KLINE & WELSH INCOR.</u>	11. BIRTHPLACE (State or foreign country) <u>SCENERY HILL PENNSYLVANIA U.S.A</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>JOHN DAGUE</u>	13b. MOTHER'S MAIDEN NAME <u>JANE McCARTY</u>	14. NAME OF HUSBAND OR WIFE <u>EMMA DAGUE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-03-4339</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. EMMA DAGUE</u>	ADDRESS <u>2915 BENTON BLVD KANSAS CITY MO.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>8 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Calcium</u>		
	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>155h</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 6-23, 1950, to 6-29, 1950, that I last saw the deceased alive on 6-29, 1950 and that death occurred at 11:35 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>Leo M. Muller M.D.</u> (Degree or title)	23b. ADDRESS <u>3548 Indiana</u>	23c. DATE SIGNED <u>6-30-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>JULY-3-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-3-50</u>	REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 22 1950

JUL 22 1950

JUL 28 1950

AUG 5 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 _____
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *D. B. Hofinger*

Licensed Embalmer No. *3938*

P. O. Address *Kansas 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.