

STANDARD CERTIFICATE OF DEATH

State File No. 23569
3097

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>80 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>519 STUDIO BLDG 9TH + LOCUST</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>519 STUDIO BLDG 9TH + LOCUST</u>		d. STREET ADDRESS (If rural, give location) <u>519 STUDIO BLDG 9TH + LOCUST</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>Donlin</u> c. (Last) <u>Kathrens</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 14 1950</u>		
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>SEPT. 23 1867</u>	9. AGE (In years last birthday) <u>82</u>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>NEWSPAPER MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>DAILY ADVERTISING</u>		11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>CHARLES KATHRENS</u>		13b. MOTHER'S MAIDEN NAME <u>SOFIA BOBIDOUX</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. VICTORIA KATHRENS</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VICTORIA KATHRENS</u> ADDRESS <u>418 EAST 29TH ST. KANSAS CITY, 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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Obelusion of the Coronary Artery</u>		INTERVAL BETWEEN ONSET AND DEATH <u>334 1/2</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cerebral arteriosclerosis</u>		
		DUE TO (c) <u>Senility</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

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)
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 July 14th 1944, to July 14th 1950, that I last saw the deceased alive on May 15th 1950, and that death occurred at 2:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Herman S. Majors</u> (Degree or title) <u>0</u>	23b. ADDRESS <u>318 Euclid Ave Kansas City Mo</u>	23c. DATE SIGNED <u>7/14/50</u>
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>JULY 17 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CROWN HILL CEM. EXCELSIOR SPRINGS MISSOURI</u>	24d. LOCATION (City, town, or county) (State) <u>EXCELSIOR SPRINGS MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>7-17-50</u>	REGISTRAR'S SIGNATURE <u>Rosalind Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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.....
Edward M. Storey

Signed.....

Student Embalmer

Licensed Embalmer No. *4452*

P. O. Address *K. C. 4 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.