

FILED SEP 2 1950

STANDARD CERTIFICATE OF DEATH

State File No. 26866

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3369

1. PLACE OF DEATH
 a. COUNTY **Jackson**
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
 c. LENGTH OF STAY (in this place) **53 yrs.**
 d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **2711 Holmes Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE **Missouri** b. COUNTY **Jackson**
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**
 d. STREET ADDRESS (If rural, give location) **2711 Holmes Street**

3. NAME OF DECEASED
 a. (First) **Ceilia** b. (Middle) **A.** c. (Last) **GENNETTE**

4. DATE OF DEATH **Aug. 6, 1950**

5. SEX **Female** 6. COLOR OR RACE **White**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single (1)**

8. DATE OF BIRTH **July 14, 1892**

9. AGE (In years last birthday) **58** IF UNDER 1 YEAR Months Days IF UNDER 11 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Cook**

10b. KIND OF BUSINESS OR INDUSTRY **Vineyard Park Hospt.**

11. BIRTHPLACE (State or foreign country) **Aurora, Kansas**

12. CITIZEN OF WHAT COUNTRY? **U S**

13a. FATHER'S NAME **Cyprian Gennette**

13b. MOTHER'S MAIDEN NAME **Caroline Quenell**

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No.**

16. SOCIAL SECURITY NO. **486-03-2589**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Mrs. Regina Waizenegger, 2711 Holmes**

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) **Blockage of coronary artery**
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) **Arteriosclerosis**
 DUE TO (c) **Endocarditis**
 II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death. **Mitral Stenosis**

INTERVAL BETWEEN ONSET AND DEATH
20 hrs
1 1/2 yrs
410X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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? NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **5-1-1950**, to **8-6-1950**, that I last saw the deceased alive on **8-6-1950**, and that death occurred at **8:20** m., from the causes and on the date stated above.

23a. SIGNATURE **J. G. Sheldon M.D.** (Degree or title)

23b. ADDRESS **222 Walnut 10440**

23c. DATE SIGNED **8-7-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **burial**

24b. DATE **8-8-50**

24c. NAME OF CEMETERY OR CREMATORY **St. Marys**

24d. LOCATION (City, town, or county) (State) **Kansas City, Mo.**

DATE REC'D BY LOCAL REG. **8-7-50** REGISTRAR'S SIGNATURE **Sheraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Melody Mc Gilley Eyles - R.P. Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

*Dr. Shelton
Vineyard PK
Hoosp.*

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

Allen E. Heck

Signed.....
Student Embalmer

Licensed Embalmer, No. 4063

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.