

FILED SEP 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26879

3541

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3541			
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 6 MO.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		d. STREET ADDRESS (If rural, give location) 7907 EUCLID AVENUE			
d. FULL NAME OF HOSPITAL OR INSTITUTION CANONIAN NURSING HOME									
3. NAME OF DECEASED (Type or Print) ANNA			a. (First)		b. (Middle) (NONE)		c. (Last) GREGATH		
4. DATE OF DEATH		(Month) (Day) (Year)		AUG. - 17 - 1950					
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH JULY - 3 - 1866			
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY AT HOME			11. BIRTHPLACE (State or foreign country) GERMANY			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME HERMAN HOFFEMAN		13b. MOTHER'S MAIDEN NAME UNKNOWN		14. NAME OF HUSBAND OR WIFE WILHELM GREGATH		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. F. H. GOINS 7907 EUCLID AVE. KANSAS CITY, MO.			
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.				1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypertensive arteriosclerosis ANTECEDENT CAUSES heart disease Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Severe cerebral arteriosclerosis DUE TO (c)				INTERVAL BETWEEN ONSET AND DEATH several years	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia								420	
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? 17...					
22. I hereby certify that I attended the deceased from July 25, 1950, to Aug 14, 1950, that I last saw the deceased alive on Aug 14, 1950, and that death occurred at 3:20 P.M., from the causes and on the date stated above.									
23a. SIGNATURE Harry C. Hall M.D. (Degree or title)				23b. ADDRESS 205 Argyle Bldg				23c. DATE SIGNED Aug 18, 1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG. 19 1950		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI			
DATE REC'D BY LOCAL REG. 8-18-50		REGISTRAR'S SIGNATURE Geraldine Holman		FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons		ADDRESS 1371 BRUSH CREEK BLVD. KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

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Handwritten notes in the top right corner, partially cut off.

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..... *Bernard L. Horner*

Signed.....
Student Embalmer

Licensed Embalmer No. *4250*

P. O. Address *M.C. 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.

Beard