

FILED AUG 26 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26926
3363

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo. 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) 37 yr.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		36/8	
d. FULL NAME OF HOSPITAL OR INSTITUTION Wesley Luthern Hosp				d. STREET ADDRESS (If rural, give location) 4409 Montgall '0			
3. NAME OF DECEASED (Type or Print) a. (First) RUTH		b. (Middle) M.		c. (Last) HOEVEL		4. DATE OF DEATH (Month) (Day) (Year) 8-5-50	
5. SEX Fe	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 1	8. DATE OF BIRTH 4-18-1892		9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days 3 17	IF UNDER 24 HRS. Hours Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C.W. Handley		13b. MOTHER'S MAIDEN NAME Annle Bernner		14. NAME OF HUSBAND OR WIFE FRANK E. HOEVEL, 4409 Montgall			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Frank E. Hoevel, 4409 Montgall			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage (femoral vein)				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma pelvis + groin				2 1/2 yrs	
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				19/18	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1948; - Carcinoma inguinal area (squamous)				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6/1, 1948, to 8/5, 1950, that I last saw the deceased alive on 8/5, 1950, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE J.A. Tesson M.D.				23b. ADDRESS 907 Rialto Bldg		23c. DATE SIGNED 8/5/50	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-7-50		24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem.		24d. LOCATION (City, town, or county) (State) K. C., Mo.	
DATE REC'D BY LOCAL REG. 8-6-50		REGISTRAR'S SIGNATURE Seraldine Delmuth		FUNERAL DIRECTOR'S SIGNATURE W. McGilley-Elkay		ADDRESS K. C., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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

Oliver 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.