

FILED SEP 30 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3860

BIRTH NO. 58396-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3860

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) Life  
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE MO 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) 616 Indiana

3. NAME OF DECEASED (Type or Print)  
a. (First) Rae Ann b. (Middle) Marion c. (Last) Maroon

4. DATE OF DEATH (Month) (Day) (Year)  
9 - 9 - 50

5. SEX F

6. COLOR OR RACE White

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

8. DATE OF BIRTH Sept 2 1950

9. AGE (In years last birthday) # UNDER 1 YEAR Days # UNDER 10 MIN. Hours # MIN. 8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Kansas City MO

12. CITIZENRY OF WHAT COUNTRY? USA

13a. FATHER'S NAME Jake Maroon

13b. MOTHER'S MAIDEN NAME Adels Mallof

14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jake Maroon 616 Indiana

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) Pneumonia (bicus)  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Pneumonia (Both Lobes) 1 day  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
\_\_\_\_\_

INTERVAL BETWEEN ONSET AND DEATH  
6 days  
7635

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (a.e., 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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from Sept 2nd, 1950, to Sept 9th, 1950, that I last saw the deceased alive on Sept 9th, 1950, and that death occurred at 2:23 p.m., from the causes and on the date stated above.

23a. SIGNATURE Joseph Getelson (Degree or title) M.D.

23b. ADDRESS 1219 Realto Bldg

23c. DATE SIGNED 9-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Sept 11-1950

24c. NAME OF CEMETERY OR CREMATORY MT St Mary's

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

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 9-10-50 Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Passavittino Bros KCMO

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Bitelsen

Raults Body

Har 1180 Re 11171

Memorial Hospital 9

**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 .....

Signed.....  
Student Embalmer

Licensed Embalmer No. ....

P. O. Address .....

**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.