

FILED OCT 21 1950

STANDARD CERTIFICATE OF DEATH

State File No. **33584**  
**4191**

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>Mo</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> <u>2678</u>	
c. LENGTH OF STAY (in this place) <u>2840</u>		d. STREET ADDRESS (If rural, give location) <u>4026 Warwick</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorah Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) c. (Last) <u>Hear</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 - 1 - 50</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>6-10-1922</u>	9. AGE (In years last birthday) <u>28</u>	IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Letter Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Post office</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13. FATHER'S NAME <u>Cloyd O. Hear</u>		13b. MOTHER'S MAIDEN NAME <u>Bertrude Austen</u>		14. NAME OF HUSBAND OR WIFE <u>Marion</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW2</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marion Hear</u>	
				ADDRESS <u>4026 Warwick</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia, lobar, bilat.</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			<u>490*</u>
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>Malaria, chronic</u>			<u>Several years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" 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) (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 9/30, 1950, to 10/1, 1950, that I last saw the deceased alive on 10/1, 1950, and that death occurred at 12:35A.m., from the causes and on the date stated above.

23a. SIGNATURE (Type or Print) <u>Walter P. Jacob MD</u>		23b. ADDRESS <u>310 Bryant Bldg</u>		23c. DATE SIGNED <u>10/2/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>	
				24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	

DATE REC'D BY LOCAL REG. <u>10-4-50</u>		REGISTRAR'S SIGNATURE <u>Geralline Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CH. Blackman + Son Inc</u>	
				ADDRESS <u>Kansas City Mo</u>	

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 Bert B. Bennett

Signed.....  
Student Embalmer

Licensed Embalmer No. 4654

P. O. Address Kansas City

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.