

FILED DEC 9 1950

## STANDARD CERTIFICATE OF DEATH

State File No. 36971

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4830	
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) 5 Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 2918 Tracy	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1							
3. NAME OF DECEASED (Type or Print) a. (First) Savannah		b. (Middle)		c. (Last) Clifford		4. DATE OF DEATH (Month) 11 (Day) 16 (Year) 50	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 0		8. DATE OF BIRTH AUG-4-1879	
10a. USUAL OCCUPATION (Give kind of work done during most of life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) 71		11. BIRTHPLACE (State or foreign country) 9	
Retired - 5 Years		HOUSEKEEPER				12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Clifford		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 486-03-9427A		17. INFORMANT'S SIGNATURE OR NAME R. H. Wenzel			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of spine with undetermined origin ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH  1996	
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) m.		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 Sept. 29, 1950, to Nov. 16, 1950, that I last saw the deceased alive on Nov. 16, 1950, and that death occurred at 1:2A m., from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 11-16-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE Nov. 17, 1950		24c. NAME OF CEMETERY OR CREMATORY D.W. Newcomer's Sons		24d. LOCATION (City, town, or county) (State) Kansas City Missouri	
DATE REC'D BY LOCAL REG. 11-17-50		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE D.W. Newcomer's Sons 1331 Brush Creek Kansas City, Mo.			

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

*M. Taylor*

**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. Brown*

Signed.....  
Student Embalmer

Licensed Embalmer No..... *4250*

P. O. Address..... *H. C. M.*

**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.