

FILED NOV 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37095
4578

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. _____

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3933 Clark		d. STREET ADDRESS (If rural, give location) 3933 Clark	
3. NAME OF DECEASED a. (First) Margaret		b. (Middle) E.	c. (Last) Justice
4. DATE OF DEATH Oct. 30, 1950		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH Nov. 28, 1872		9. AGE (In years last birthday) 77	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Arcade, New York
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Richard W. Cummings	
13b. MOTHER'S MAIDEN NAME Mary Casey		14. NAME OF HUSBAND OR WIFE Charles Justice	
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 ADDRESS Walter Q. Justice, 1426 South 36KCK
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) Hypostatic Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Asthma DUE TO (c) Semilibid II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	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 Nov. 17, 1940, to Oct 30, 1950, that I last saw the deceased alive on Oct 29, 1950, and that death occurred at 12:30 PM from the causes and on the date stated above.			
23a. SIGNATURE J. W. Craverholz (Degree or title)		23b. ADDRESS 3527 Broadway, Kansas City Mo - Oct 31-50	23c. DATE SIGNED
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 11-1-50	24c. NAME OF CEMETERY OR CREMATORY Maple Hill
24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home, K.C.K.	
DATE REC'D BY LOCAL REG. 10-31-50		REGISTRAR'S SIGNATURE Geraldine Holmes	

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

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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..... *H. Simonson*

Signed.....
Student Embalmer

Licensed Embalmer No. 3903

P. O. Address. KEK

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.