

FILED JAN 13 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

07,46  
State File No. 40931  
5239 Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

3

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

<b>I. PLACE OF DEATH</b> a. COUNTY <u>JACKSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u> c. LENGTH OF STAY (In this place) <u>50 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>PARKING LOT 1022 BALTIMORE AVENUE</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CLAY</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY RR#4</u> d. STREET ADDRESS (If rural, give location) <u>Dundee Hills Addition</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>HARRY</u> b. (Middle) <u>MARK</u> c. (Last) <u>PROPER</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>DEC-17-1950</u>	
<b>5. SEX</b> <u>MALE</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>married</u>	<b>8. DATE OF BIRTH</b> <u>MARCH 21-1893</u>
<b>9. AGE</b> (In years last birthday) <u>57</u>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 6 HRS.</b> Hours _____ Min. _____	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Commercial Artist</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Free Lance</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>What Cheer Iowa</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>MARK O PROPER</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>MARGARET WALTON FLORENCE Z. PROPER</u>	
<b>14. NAME OF HUSBAND OR WIFE</b>		<b>15. WAS DECEASED EVER IN U. S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WORLD WAR I</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>486-09-9035</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>MRS. FLORENCE Z. PROPER</u> ADDRESS <u>R.R.#4 DUNDEE HILLS ADDN NORTH KANSAS CITY, MO</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>fractured skull</u> ANTECEDENT CAUSES <u>fall</u> Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
<b>18. CAUSE OF DEATH</b> (continued)		INTERVAL BETWEEN ONSET AND DEATH  <u>8936 1/5</u>	
<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>Autopsy &amp; Inspection 123</u>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <u>suicide?</u>	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>parking lot</u>	<b>21c. CITY, TOWN, OR TOWNSHIP, (COUNTY) (STATE)</b> <u>Kansas City Jackson, Mo.</u>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <u>12-17-50</u>	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b> <u>fall from window</u>	
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>Hugh B. OWENS</u> (Degree or title)		<b>23b. ADDRESS</b> <u>1038 Oak St Bldg</u>	
<b>23c. DATE SIGNED</b> <u>12-18-50</u>		<b>24. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
<b>24a. BURLIAL, CREMATION, REMOVAL</b> (Specify) <u>BURIAL</u>	<b>24b. DATE</b> <u>DEC-19-1950</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>FOREST HILL CEMETERY</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>12-19-50</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Geraldine Holmes</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>D.W. Newcomer's Son</u> ADDRESS <u>1331 BAUSH CREEK BLVD, KANSAS CITY, MO</u>	

14N 23 1997

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.

Signed.....  
Student Embalmer

Signed

Student Embalmer No. ....  
*Robert Ray*

Licensed Embalmer No. *4182*

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.