

FILED DEC 30 1950

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 41182

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 221

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 Rural Prairie Twp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City 3268	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Home		d. STREET ADDRESS (If rural, give location) 2546 Oakwood 1	
3. NAME OF DECEASED (Type or Print) DANIEL HENRY		4. DATE OF DEATH (Month) (Day) (Year) 12-10-1950	
5. SEX M		6. COLOR OR RACE W	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) S		8. DATE OF BIRTH 8-8-1877	
9. AGE (In years last birthday) 73		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	
10b. KIND OF BUSINESS OR INDUSTRY Unknown		11. BIRTHPLACE (State or foreign country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Jackson Co. Home - Rt #4 - Indep. Mo		ADDRESS	
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) Debility ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anemia DUE TO (c) Cerebral Degeneration 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 checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH. 2 hrs 2 hrs year 304X	
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 Sept 14, 1950, to Dec 10, 1950, that I last saw the deceased alive on Dec 9, 1950, and that death occurred at 1:30 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. H. Harrison		23b. ADDRESS 1113 1/2 E. 13th St. Independence, Mo.	
23c. DATE SIGNED 12/11/50		24. LOCATION (City, town, or county) (State) Lee's Summit, Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/13/50	
24c. NAME OF CEMETERY OR CREMATORY Lee's Summit		24d. FUNERAL DIRECTOR'S SIGNATURE Lee's Summit Mo.	
DATE REC'D BY LOCAL REG. 12/13/50		REGISTRAR'S SIGNATURE 378 Donald C. Emswiler	
25. FUNERAL DIRECTOR'S SIGNATURE W. H. Harrison		ADDRESS Lee's Summit, Mo.	

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 M B Langford
Licensed Embalmer No. 3833

Signed.....
Student Embalmer

P. O. Address Lee's Summit, 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.