

FILED JAN 27 1951 STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>32 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>5331 Highland</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Little Sister's of Poor</b>			d. STREET ADDRESS (If rural, give location) <b>5331 Highland</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Marie</b> b. (Middle) <b>(Marie VanHoutry)</b> c. (Last) <b>Harrod</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 8 1951</b>		
5. SEX <b>Fe</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>Oct 22, 1874</b>	9. AGE (In years last birthday) <b>76</b>	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Belgium</b>	
13a. FATHER'S NAME <b>No Record</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Vankouter</b>		14. NAME OF HUSBAND OR WIFE	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sister Emielie 5331 Highland</b>		
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <b>8 Months</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcenoma of Stomach</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Atrophic Arthritis of Spine</b> DUE TO (c)			20. Yrs <b>20 Yrs</b>

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) (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 May 8, 1950 to 1/8, 1951, that I last saw the deceased alive on 1-7-, 1951, and that death occurred at 12:30 AM from the causes and on the date stated above.

23a. SIGNATURE <b>Joseph A. Fogarty</b> (Name or title)		23b. ADDRESS <b>402 Northman Bldg. Co. 3rd Fl.</b>		23c. DATE SIGNED <b>1/8/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>1/11/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>mt. Calvary</b>	
24d. LOCATION (City, town, or county) (State) <b>Kansas City, Kans</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Swick &amp; Tolin 20 W. Lincoln</b>			

DATE REC'D BY LOCAL REG. **1-8-51** REGISTRAR'S SIGNATURE **Sheraldine Holmes** (Licensed Embalmer's Statement on Reverse Side)

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 Forrest D. Goldsnow

Signed.....  
Student Embalmer

Licensed Embalmer No. 4714

P. O. Address K.C. 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.