

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1197**
241

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY **Jackson**
b. CITY (If outside corporate limits, write RURAL and give township) **Kansas City**
c. LENGTH OF STAY (In this place) **27 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **3631 ^{FLORA} ~~Corinth~~ Avenue**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**
c. CITY (If outside corporate limits, write RURAL and give township) **Kansas City** ✓
d. STREET ADDRESS (If rural, give location) **911 Holmes Street** 3158

3. NAME OF DECEASED
a. (First) **Francois** b. (Middle) **J.** c. (Last) **KORTE**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 15, 1951

5. SEX **male**

6. COLOR OR RACE **white**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **married**

8. DATE OF BIRTH **4-17-1893**

9. AGE (In years last birthday) **57**
IF UNDER 1 YEAR: Months _____ Days _____
IF UNDER 1 Mth.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clerk**

10b. KIND OF BUSINESS OR INDUSTRY **U. S. Post Office**

11. BIRTHPLACE (State or foreign country) **St. Louis, Missouri** U

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Herman J. Korte**

13b. MOTHER'S MAIDEN NAME **Josephine Meers**

14. NAME OF HUSBAND OR WIFE **Helen M. Korte**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **Yes WW-I**

16. SOCIAL SECURITY NO. **487-05-6178**

17. INFORMANT'S SIGNATURE OR NAME **Mrs. Helen M. Korte** ADDRESS **911 Holmes, KC, Mo.**

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) **Coronary Occlusion**
ANTECEDENT CAUSES **Arterio Sclerosis**
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) **Natural**

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

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.

23a. SIGNATURE **Hugh H. Owens** (Degree or title) **Coroner**

23b. ADDRESS **1034 Pratt Bldg**

23c. DATE SIGNED **1-16-51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **1-18-51**

24c. NAME OF CEMETERY OR CREMATORY **Calvary**

24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **1-17-51** REGISTRAR'S SIGNATURE **Seraldine Holmes**

25. FUNERAL DIRECTOR'S SIGNATURE **Melody-McGilley-Eylar** ADDRESS **Kansas City, Mo.**

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

3

Jackson
 Kansas City
 30th and
 Francis
 white
 married
 Josephine
 Helen
 107-07-5178
 107-07-5178
 107-07-5178
 107-07-5178

OCT 16 1962

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 *Max W. Kirkendall*

Signed.....
Student Embalmer

Licensed Embalmer No. *4632*

P. O. Address *A.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.

.....