

FILED MAR 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4788
584

| | | | | | | | |
|--|----------------------------------|--|---|--|---|---|--|
| BIRTH NO. | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. NO. 1002 | | 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. LENGTH OF STAY (In this place) 20 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | d. STREET ADDRESS (If rural, give location) 2246 Poplar | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 2246 Poplar | | | | 37218 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Catherine | | | b. (Middle) Ann | | c. (Last) INKMAN | | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1951 |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | | 8. DATE OF BIRTH 3-13-85 | | 9. AGE (In years) (If UNDER 1 YEAR: Months, Days; If UNDER 11 HRS.: Hours, Min.) 65 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired nurse | | 10b. KIND OF BUSINESS OR INDUSTRY Veterans Adm., Wadsworth. | | 11. BIRTHPLACE (State or foreign country) Leavenworth, Kansas | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Henry Inkman | | | 13b. MOTHER'S MAIDEN NAME Anna Walter | | 14. NAME OF HUSBAND OR WIFE none | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME J. H. Inkman, 2246 Poplar, K. C., 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) Circulatory failure | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) myocardial infarction | | | | | 4201 |
| | | DUE TO (c) Coronary Thrombosis | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular | | | | | years? |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION Drain | | | | | 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 Oct 10, 1950 , to Feb. 6, 1951 , that I last saw the deceased alive on Feb 6, 1951 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE H. A. Underwood (Degree or title) H. A. Underwood, M.D. | | | | 23b. ADDRESS 4712 1/2 E. 24th K.C., Mo | | 23c. DATE SIGNED 2-8-51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 2-9-51 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri | | |
| DATE REC'D BY LOCAL REG. 2-8-51 | | REGISTRAR'S SIGNATURE Deraldine Holmes | | 25. FUNERAL DIRECTOR'S SIGNATURE Mollody-McGilley-Eylar, Kansas City, Mo. | | | |

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

Dr. M. A. St. ...
 4712 1/2 E. 24th St.
 CA, 1514
 after 2:05

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.....

Student Embalmer No.

working under my personal supervision.

Student
 Student Embalmer

Signed.....

Elmer E. Heck

Licensed Embalmer No. 4063

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.

IF-0-3

18708

Official Embalmers Association of Kansas