

FILED APR 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12665
1522

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. 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>66 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		d. STREET ADDRESS (If rural, give location) <u>1532 POPLAR AVENUE</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1532 POPLAR AVENUE</u>				d. STREET ADDRESS (If rural, give location) <u>1532 POPLAR AVENUE</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MR. HENRY</u>		b. (Middle) <u>(NONE)</u>		c. (Last) <u>LARSON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 5 1951</u>	
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>APRIL 17, 1884</u>	
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CAR CLEANER - PUBLIC SERVICE COMPANY</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SERVICE COMPANY</u>		11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>HANS LARSON</u>		13b. MOTHER'S MAIDEN NAME <u>SARAH UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>ANNA LARSON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>487-03-6164</u>		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs Anna Larson, 1532 Poplar K.C. Mo.</u>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute cardiac dilatation</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> DUE TO (b) <u>6 months</u> DUE TO (c) <u>12.00</u> II. OTHER SIGNIFICANT CONDITIONS <u>Bronchial asthma</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>10 years</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 <u>3 April, 1951</u> , to <u>5 April, 1951</u> , that I last saw the deceased alive on <u>5 April, 1951</u> , and that death occurred at <u>3:25 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Richard W. Gunn</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>6230 Truman Rd K.C. 35 Mo.</u>		23c. DATE SIGNED <u>5 April 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR-7-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELMWOOD CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG <u>4-7-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>		FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer Sons</u>		ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING 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.....

Charles H. Stickney

Signed.....
Student Embalmer

Licensed Embalmer No. 4560

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.