

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16413**
Registrar's No. **2348**

FILED JUN 15 1951

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GENERAL HOSPITAL #2		d. STREET ADDRESS (If rural, give location) 2108 East 9th Street	

3178

3. NAME OF DECEASED (Type or Print) WILLIAM			a. (First)			b. (Middle)			c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) MAY 27 1951			
5. SEX MALE		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH SEPTEMBER 17 1880			9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) JANITOR				10b. KIND OF BUSINESS OR INDUSTRY RED CROSS				11. BIRTHPLACE (State or foreign country) OLATHE, KANSAS				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME JOHN BAKER			13b. MOTHER'S MAIDEN NAME JANIE			14. NAME OF HUSBAND OR WIFE Emma					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. —			17. INFORMANT'S SIGNATURE OR NAME Hessie B. MASON			ADDRESS 2108 East 9th Street		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* POSSIBLE FAR ADVANCED PULMONARY TUBERCULOSIS		II. OTHER SIGNIFICANT CONDITIONS LACERATION OF SCALP (FRONTAL PARIETAL TEMPORAL REGION)						102X	
*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) _____ DUE TO (c) _____							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION fell from bed at Hosp.						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) (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 **5-21**, 1951, to **5-27**, 1951, that I last saw the deceased alive on **5-27**, 1951, and that death occurred at **1:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Frank B. ...		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 5-29-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 6/2/51		24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 6-1-51		REGISTRAR'S SIGNATURE Geraldine Helmes		25. FUNERAL DIRECTOR'S SIGNATURE Stirling Butler			

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

9/20/2013

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

E. Sterling Bales

Signed.....
Student Embalmer

Licensed Embalmer No. *3178*

P. O. Address *1212 N. 1st St.*

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.