

STANDARD CERTIFICATE OF DEATH

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

1. PLACE OF DEATH  
a. COUNTY Jackson  
b. CITY OR TOWN Kansas City  
c. LENGTH OF STAY (in this place) 4 yrs  
d. FULL NAME OF HOSPITAL OR INSTITUTION 3828 Bellefontaine

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).  
a. STATE Missouri  
b. COUNTY Jackson  
c. CITY OR TOWN Kansas City  
d. STREET ADDRESS 464 West Gregory

3. NAME OF DECEASED  
a. (First) Naomi  
b. (Middle) Triumph  
c. (Last) Megraw

4. DATE OF DEATH (Month) (Day) (Year)  
Aug 26 1951

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed

8. DATE OF BIRTH Nov 7 1882

9. AGE (In years) (Months) (Days) 68

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

10b. KIND OF BUSINESS OR INDUSTRY At Home

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas J. Smith

13b. MOTHER'S MAIDEN NAME Mary Allen

14. NAME OF HUSBAND OR WIFE J. Robt Megraw

15. HAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Lardner Smith 464 Gregory

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.

1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH  
Cerebral hemorrhage  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Cerebral arteriosclerosis  
DUE TO (c) Hypertension  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERNAL BETWEEN ONSET AND DEATH  
Sudden  
2 yrs  
331x

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I attended the deceased from ~~Sept 10 1951~~ <sup>10 50</sup> Aug 26 1951, that I last saw the deceased alive on ~~8 25~~ <sup>8 25</sup>, 1951, and that death occurred at ~~6 P.M.~~ <sup>6 P.M.</sup> from the causes and on the date stated above.

23a. SIGNATURE H. C. Tripp (Degree or title)  
H. C. Tripp M.D.

23b. ADDRESS 1014 Angyle Bldg

23c. DATE SIGNED 8/26/51

24a. BURIAL CREMATION (Specify) Burial

24b. DATE Aug 27 1951

24c. NAME OF CEMETERY OR CREMATORY Fayette Cemetery

24d. LOCATION (City, town, or county) (State) Fayette Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 8-26-51 Geraldine Holmes

25. GENERAL DIRECTOR'S SIGNATURE ADDRESS Nipon L. Kessler Indep. Mo

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

name is a me

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

*Difon L. Kessler*

Licensed Embalmer No. 4225

P. O. Address Indep. vic

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.