

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27141**
3662

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| 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> <u>0</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>34 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>917 Central</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | 3128 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> | | b. (Middle) <u>Bennett</u> | | c. (Last) <u>Priwer</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>8</u> <u>25</u> <u>51</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED* (Specify) <u>Widower</u> | | 8. DATE OF BIRTH <u>June 30, 1885</u> | |
| 9. AGE (In years last birthday) <u>66</u> | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 4 HRS. Hours _____ Min _____ | | 11. BIRTHPLACE (State or foreign country) <u>Green Lake, Wisconsin</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Elevator Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Office Building</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> | | 14. NAME OF HUSBAND OR WIFE <u>Emma Priwer</u> | |
| 13a. FATHER'S NAME <u>John Priwer</u> | | 13b. MOTHER'S MAIDEN NAME <u>Carrie Rosebrook</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Mabel Kern 349 South Oakley, K. C. Mo</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>Unknown</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, atheria, etc. It means the disease, injury, or complication which caused death. | | | |
| MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca head of pancreas with metastases</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>15th</u> | | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 19c. DATE 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>July 25, 1951</u> , to <u>August 25, 1951</u> , that I last saw the deceased alive on <u>August 25, 1951</u> and that death occurred at <u>12:20A m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. L. Burns</u> (Degree or title) | | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>8-25-51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>August 29, 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>8-27-51</u> | | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILKS FUNERAL HOME, 2315 Linwood K. C. 3 Mo</u> | | | |

WRITE PLAINLY—USING UNFADING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Chas E. Wright

Licensed Embalmer No. *2644*

P. O. Address. *J. 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.