

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4940
State File No.
836

FILED MAR 8 1952 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 URBAN and give township) <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>23 yrs.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>3010 Olive</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3010 Olive</u>		d. STREET ADDRESS (If rural, give location) <u>3010 Olive</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Luvina</u> b. (Middle) <u>Mahaffie</u> c. (Last) <u>How.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb</u> <u>21</u> <u>1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>July 30 1858</u>
9. AGE (In years last birthday) <u>93</u>		10. KIND OF BUSINESS OR INDUSTRY <u>At home</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		11. BIRTHPLACE (State or foreign country) <u>Logansport Indiana</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Alexander G. Mahaffie</u>	
13b. MOTHER'S MAIDEN NAME <u>Lucinda Smith</u>		14. NAME OF HUSBAND OR WIFE <u>J. H. How.</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>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Jonathan How - 3010 Olive</u>		ADDRESS <u>demo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebral Thrombosis</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>16 hours</u> <u>4201</u> <u>14 hours</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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 <u>Nov 7, 1951</u> , to <u>Feb. 21, 1952</u> , that I last saw the deceased alive on <u>Feb. 20, 1952</u> , and that death occurred at <u>3:20 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Edward A. Samuelson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>2603 E 31 Kansas City, Mo.</u>	
23c. DATE SIGNED <u>Feb. 21-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Feb. 21 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Olatche Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Olatche Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H.E. Julien</u> ADDRESS <u>Olatche Mo.</u>	
DATE REC'D BY LOCAL REG. <u>2-22-52</u>		REGISTRAR'S SIGNATURE <u>Gertrude Holmes</u>	

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

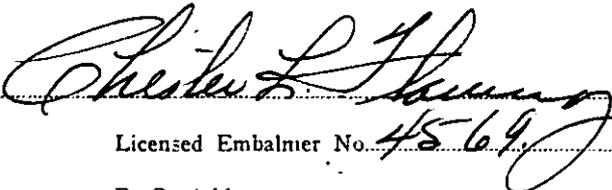
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 4569

P. O. Address

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.