

FILED FEB 26 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 658

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

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| 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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | |
| c. LENGTH OF STAY (in this place) <u>65 yrs.</u> | | d. STREET ADDRESS (If rural, give location) <u>3125 Michigan</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital #1</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>RALPH</u> b. (Middle) <u>W.</u> c. (Last) <u>TITSWORTH</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 9 1952</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u> | 8. DATE OF BIRTH <u>APRIL 18-1880</u> |
| 9. AGE (in years last birthday) <u>71</u> | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>BARBER</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ |
| 11. BIRTHPLACE (State or foreign country) <u>KANSAS CITY, KANSAS</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |

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| 13a. FATHER'S NAME <u>UNKNOWN, TITSWORTH</u> | 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u> | 14. NAME OF HUSBAND OR WIFE <u>DOROTHY P. TITSWORTH</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. <u>492-18-0394A</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary Achenbach, Soldier, Kansas</u> | ADDRESS _____ |
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| 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* (a) <u>Friedlander's pneumonia, Broncho</u> | | DUE TO (b) _____ | | 491X |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | DUE TO (c) _____ | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | _____ | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) _____ |
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| 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? _____ |
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22. I hereby certify that I attended the deceased from Jan. 12, 1952, to Feb. 9, 1952, that I last saw the deceased alive on Feb. 9, 1952, and that death occurred at 1:30A m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>H. H. Stratemeier MD</u> | 23b. ADDRESS <u>24th & Cherry</u> | 23c. DATE SIGNED <u>2-10-52</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | 24b. DATE <u>FEB-11-1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>SOLDIER KANSAS CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>SOLDIER KANSAS</u> |
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| DATE REC'D BY LOCAL REG. <u>2-11-52</u> | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> | ADDRESS <u>1331 Brush Creek Blvd Kansas City, Mo.</u> |
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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

Basil Honey

Licensed Embalmer No. *24724*

P. O. Address *Oakland, 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.