

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8407

State File No.

FILED MAR 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602 Registrar's No. 1128

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town or township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. STREET ADDRESS (If rural, give location) 210 E 33rd	

1198
3-11-52

3. NAME OF DECEASED (Type or Print) a. (First) Gertrude b. (Middle) A c. (Last) Holland			4. DATE OF DEATH (Month) (Day) (Year) March 11 1952			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9-6-80		9. AGE (In years last birthday) 71	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Grain Valley, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME George Ford		13b. MOTHER'S MAIDEN NAME Mary Tarpy		14. NAME OF HUSBAND OR WIFE George B. Holland (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Cecilia H. Taplin ADDRESS 210 E. 33rd.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia			INTERVAL BETWEEN ONSET AND DEATH
* This does not mean the cause 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) Cerebrovascular accident			
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			331X

19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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) 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 3-6-52, 19 , to 3-11-52, 19 , that I last saw the deceased alive on 3-11-52, 19 , and that death occurred at 1:15 pm., from the causes and on the date stated above.

23a. SIGNATURE B.J. Burns (Degree or title)			23b. ADDRESS 24th & Cherry		23c. DATE SIGNED
24a. BURIAL-CREMA-TION, REMOVAL (Specify) Removal		24b. DATE 3-11-52	24c. NAME OF CEMETERY OR CREMATORY Steward Funeral Home		24d. LOCATION (City, town, or county) (State) Wamego, Kansas
DATE REC'D BY LOCAL REG. 3-12-52		REGISTRAR'S SIGNATURE Sealdine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE K.C. MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

008
0

7-11-52
Cecilia H. Taplin

550

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.....

Lou Clark

Signed.....
Student Embalmer

Licensed Embalmer No. *4216*

P. O. Address *H. O. J. M.*

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri
County of Jackson SS.

State File No. 8407.52
Local Registrar's No. 1178

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 2nd day of June, 1952, before me appears Wallace H. Taplin, who, upon his oath, states that the original record of ~~birth~~ death for Bertrude A. Holland, died 3-11-, 1952 in the State of Missouri, and which was filed at Kansas City, Mo., on 3-12-, 1952, should be corrected as follows:

- Item No. _____ should read _____
Instead of _____
- Item No. 17 should read CECILIA H. Taplin
Instead of Cecelia H. Taplin
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____
- Item No. _____ should read _____
Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Wallace H. Taplin
210 E. 33rd St. K.C. Mo.
Relationship. son-in-law
Present Address.

Subscribed and sworn to before me this 2nd day of June, 1952

My Commission expires Oct. 21, 1955
Barrie M. Puppeluer Notary Public.

1. The first part of the document is a list of names.

2. The second part is a list of dates.

3.

4. The fourth part is a list of locations.

5. The fifth part is a list of events.

6.

7.