

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16546**
1906

FILED MAY 17 1952
BIRTH NO. **21488**

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) Lifetime		d. STREET ADDRESS (If rural, give location) 1740 Paseo	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2			

3. NAME OF DECEASED (Type or Print) a. (First) (Infant) #1 b. (Middle) c. (Last) Jones			4. DATE OF DEATH (Month) (Day) (Year) 3-18-52		
5. SEX Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	
8. DATE OF BIRTH 3-17-52		9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 IF UNDER 24 HRS. Days 12 Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? America	

13a. FATHER'S NAME none		13b. MOTHER'S MAIDEN NAME Rosie Lee Jones		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rosie Lee Jones 1740 Paseo	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Premature Birth ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Undetermined DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 776h	
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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) (Minute)		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 **3-17-52**, 19___, to **3-18-52**, 19___, that I last saw the deceased alive on **3-19-52**, 19___, and that death occurred at **10:30am.**, from the causes and on the date stated above.

23a. SIGNATURE H. Frank Ellis MD		23b. ADDRESS 600 East 22nd Street		23c. DATE SIGNED 4-24-52	
24a. FUNERAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-25-52		24c. NAME OF CEMETERY OR CREMATORY Public Cemetery Kansas City	
24d. LOCATION (City, town, or county) (State) Kansas City MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Seraldine Holmes KC MO			
DATE REC'D BY LOCAL REG. 4-26-52		REGISTRAR'S SIGNATURE			

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

THE DIVISION OF HEALTH OF MICHIGAN
STANDARD CERTIFICATE OF DEATH

<small>REGISTRATION NO.</small>	<small>DATE OF DEATH</small>	<small>PLACE OF DEATH</small>	<small>CAUSE OF DEATH</small>	<small>SEX</small>
<small>REGISTRATION NO.</small>	<small>DATE OF DEATH</small>	<small>PLACE OF DEATH</small>	<small>CAUSE OF DEATH</small>	<small>SEX</small>
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<small>REGISTRATION NO.</small>	<small>DATE OF DEATH</small>	<small>PLACE OF DEATH</small>	<small>CAUSE OF DEATH</small>	<small>SEX</small>

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

not embalmed

working under my personal supervision. Student Embalmer No.

Signed: *Wm A. Holmeyer*

Signed: Licensed Embalmer No. *3089*

P. O. Address: *ITC 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.

MICHIGAN DEPARTMENT OF HEALTH - DIVISION OF HEALTH