.S. No. 300
Rev. 10.48

FILED JUL 5 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20662

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2837

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5445 CHARLOTTE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 5445 CHARLOTTE

3. NAME OF DECEASED (Type or Print): a. (First) EDNA b. (Middle) HEWES c. (Last) ~~SEVATIUS~~ SERVATIUS

4. DATE OF DEATH (Month) (Day) (Year): 6 - 19 - 52

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW
8. DATE OF BIRTH: April 8, 1878
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

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 (City and State or Foreign Country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: GEORGE HEWES
13b. MOTHER'S MAIDEN NAME: ESTHER DEWEY
14. NAME OF HUSBAND OR WIFE: FRANK H. ~~SEVATIUS~~ SERVATIUS

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.: NONE
17. INFORMANT'S SIGNATURE OR NAME: MRS. AINES — ADDRESS: 3458 PENN

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, asthenia, etc. It means the disease, injury or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Essential Hypertension — ?
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 ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1952, *to* June 19, 1952, *that I last saw the deceased alive on* June 18, 1952, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack W. Wolf (Degree or title) Jack W. Wolf O M.D.
23b. ADDRESS: 206 Argyle Bldg Kansas City, Mo.
23c. DATE SIGNED: June 20 52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6/21/52
24c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

DATE REC'D BY LOCAL REG.: 6-21-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: STINE & MCCLURE — ADDRESS: KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. Wolf
Angela Bell
Gr 2713

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 F S Walton

Licensed Embalmer No. 2744

P. O. Address R 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.

State of Missouri } ss.
County of Jackson }

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No. 20662-52
Local Registrar's No. 2837

On this 6th day of October, 1952, before me appears Mrs. Margaret S. Reeble, who, upon her oath, states that the original record of ~~birth~~ death for Edna Hewes Servatius ~~born~~ died June, 19, 1952, in the State of Missouri, and which was filed at K. C., Mo. on 6-21, 1952 should be corrected as follows:

Item No. 3 should read Edna Hewes Servatius
Instead of " " Servatius

Item No. 14 should read Frank H. Servatius
Instead of " " Servatius

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)

Mrs. Margaret S. Reeble - Daughter
Relationship.

4715 Grand, K.C., Mo.
Present Address.

Subscribed and sworn to before me this 6th day of October, 1952.

My Commission expires August 24, 1956

Bessie W. Smith Notary Public.

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

m V. S. 135
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