S. No. 300
Rev. 10.48

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

AUG 15 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28185

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3505

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) 78 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2432½ Jackson Street

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 3348
d. STREET ADDRESS (If rural, give location) 2432½ Jackson Street

3. NAME OF DECEASED (Type or Print)
a. (First) Agnes
b. (Middle) Dempsey
c. (Last) Mayhood

4. DATE OF DEATH (Month) Aug (Day) 3 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Sept. 3-1872
9. AGE (In years at last birthday) 79 — 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) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and State or Foreign Country) Blue Spring Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Alfred Reid
13b. MOTHER'S MAIDEN NAME Sarah Nave
14. NAME OF HUSBAND ~~OR WIFE~~ Robert Mayhood

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 Robert Mayhood **ADDRESS** 2432½ Jackson

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) Myocardial Degeneration — 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) Cerebral Sclerosis — 2 yrs
DUE TO (c) Arterio sclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS — 3348
Conditions contributing to the death but not related to the disease or condition causing death.

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 10, 1952, *to* Aug. 3, 1952, *that I last saw the deceased alive on* Aug. 3, 1952, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Louis W. Berta (Degree or title) D.O.
23b. ADDRESS 3900 E. 22nd St.
23c. DATE SIGNED 8-4-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Aug-6-1952
24c. NAME OF CEMETERY OR ~~CREMATORY~~ Forest Hill Cemetery
24d. LOCATION (City, town, or county) Kansas City (State) Missouri

DATE REC'D BY LOCAL REG. 8-5-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE D W Newcomer's Sons **ADDRESS** 1331 Brush Creek Kansas City, Mo

(Licensed Embalmer's Statement on Reverse Side)

1-5

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, Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City 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.