

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 4 1952

|   |  |   |  |  |  |  |  |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>4131</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>JACKSON</u>   |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>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. LENGTH OF STAY (in this place) <u>45 YEARS</u>   |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>  |  | d. STREET ADDRESS (If rural, give location) <u>4232 CAMPBELL STR.</u>                                  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>H 232 CAMPBELL STR.</u>  |  |   |  | 3. NAME OF DECEASED<br>a. (First) <u>WILLIAM</u> b. (Middle) <u>H.</u> c. (Last) <u>FRENCH</u>   |  |  |  |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT-18-1952</u>   |  | 5. SEX <u>MALE</u>  |  | 6. COLOR OR RACE <u>WHITE</u>  |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>                                  |  |
| 8. DATE OF BIRTH <u>JUNE 10, 1878</u>   |  | 9. AGE (In years last birthday) <u>74</u>   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u>                                   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>AMERICAN OPTICAL COMPANY</u>                                      |  |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>RURAL LAMONTE MISSOURI</u>  |  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>  |  | 13a. FATHER'S NAME <u>NATHAN J. FRENCH</u>   |  | 13b. MOTHER'S MAIDEN NAME <u>ELLA FOX</u>  |  |
| 14. NAME OF HUSBAND OR WIFE <u>ADA FRENCH</u>   |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>   |  | 16. SOCIAL SECURITY NO. <u>486-05-7378</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME <u>MR. LOUIS R. LOCKWOOD, 4232 CAMPBELL</u>                          |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio-Sclerotic Heart Disease</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Arterio-sclerosis</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>7 WKS</u><br><u>yrs</u><br><u>yrs</u>                           |  |
| 19a. DATE OF OPERATION _____  |  | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 20. AUTOPSY?<br>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) _____  |  | 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 <u>8-1</u> , 19 <u>52</u> , to <u>9-18</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-18</u> , 19 <u>52</u> , and that death occurred at <u>11:20 AM.</u> , from the causes and on the date stated above.   |  | 23a. SIGNATURE <u>Frank B. Wallace</u> (Degree or title) <u>MD</u>   |  | 23b. ADDRESS <u>306 Grand Ave. KCMO</u>  |  |
| 23c. DATE SIGNED <u>9-19-52</u>   |  | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>   |  | 24b. DATE <u>SEPT-20-1952</u>  |  | 24c. NAME OF CEMETERY OR-CREMATORY <u>MEMORIAL PARK CEMETERY</u>                                       |  |
| 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>  |  | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>   |  | DATE REC'D BY LOCAL REG. <u>9-20-52</u>  |  |
| REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE <u>D. H. Newcomer</u>  |  | ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>   |  |  |  |

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

1215 Revere Bldg.  
12:45 - 5:30  
Seen by Brand

**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 Robert E. Herron

Licensed Embalmer No. 4849

P. O. Address K. E. 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.