.300
.48

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

FILED OCT 28 1952

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 35312

BIRTH NO. _____ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 382

**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Independence
c. LENGTH OF STAY (in this place): 7 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Independence Sanitarium

**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): Independence 0485
d. STREET ADDRESS (If rural, give location): 2118 Sterling

**3. NAME OF DECEASED** (Type or Print)
a. (First): Jennie
b. (Middle): C.
c. (Last): Kanturek

**4. DATE OF DEATH** (Month) (Day) (Year): Sept 28-1952

**5. SEX**: Female
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married 1
**8. DATE OF BIRTH**: Mar 15-1882
**9. AGE** (In years last birthday): 70 — If under 1 year: Months: 6 Days: 13 — If under 1 hr.: 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**: At Home
**11. BIRTHPLACE** (City and State or Foreign Country): Kansas City Mo
**12. CITIZEN OF WHAT COUNTRY?**: USA
**13a. FATHER'S NAME**: Peter Madison
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Frank H. Kanturek
**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**: Frank H. Kanturek — ADDRESS: 2118 Sterling

**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): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Glomerular Nephritis
DUE TO (c):

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

**19a. DATE OF OPERATION**:
**19b. MAJOR FINDINGS OF OPERATION**: 592X
**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* July 3, 1952, *to* Sept 28, 1952, *that I last saw the deceased alive on* Sept 28, 1952, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: Ernest H. Varsek (Degree or title): MD
**23b. ADDRESS**: 1091 2½ Winner Rd. Independence
**23c. DATE SIGNED**: Sept 30 1952

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: Oct 1-1952
**24c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cem
**24d. LOCATION** (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 10-1-52
REGISTRAR'S SIGNATURE: [illegible]
**25. FUNERAL DIRECTOR'S SIGNATURE**: Wilson L. Kepley — ADDRESS: Indep. Mo

(Licensed Embalmer's Statement on Reverse Side)

DEC 15 1952

## 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 Victor L. Kelly

Licensed Embalmer No. 4225

P. O. Address Ridge. 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.