

FILED NOV 22 1952

STANDARD CERTIFICATE OF DEATH

0480
38745
State File No. 4803

BIRTH NO. _____ 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 OR TOWN KANSAS CITY, MO. c. LENGTH OF STAY (in this place) 3 HRS.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY, RURAL	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		d. STREET ADDRESS (If rural, give location) 7900 INDIANA AVE. X	

3. NAME OF DECEASED (Type or Print) a. (First) WAYNE b. (Middle) I. c. (Last) HUSBAND	4. DATE OF DEATH (Month) (Day) (Year) Nov 1 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 3	8. DATE OF BIRTH AUG. 31, 1894	9. AGE (in years last birthday) 58	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	11. BIRTHPLACE (State or foreign country) ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHARLEY HUSBAND	13b. MOTHER'S MAIDEN NAME LAURA HOUSER	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES	16. SOCIAL SECURITY NO. 7-1-1918 TO 7-10-1919-524-01-0802	17. INFORMANT'S SIGNATURE OR NAME MRS GAND LARGENT -	ADDRESS K. C. MOSS.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) SPONTANEOUS CEREBRAL HEMORRHAGE		INTERVAL BETWEEN ONSET AND DEATH 1 DAY -
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION		YEARS.
		DUE TO (c) ARTERIO SCLEROSIS		YEARS.
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		33 1/2

19a. DATE OF OPERATION NONE	19b. MAJOR FINDINGS OF OPERATION NONE	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) NO - -
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) NO	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? NO
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22. I hereby certify that I attended the deceased from 11-1-52 8:45 PM to 11-1-52 8:45 PM, 1952, that I last saw the deceased alive on 11-1-52 1952, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE W. A. Myers (Degree or title) W. A. Myers M.D.	23b. ADDRESS 1115 Grand Ave, Kansas City, Mo	23c. DATE SIGNED 11-2-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 11-4-52	24c. NAME OF CEMETERY OR CREMATORY NATIONAL CEMETERY	24d. LOCATION (City, town, or county) (State) FT. LEAVENWORTH, KANS.
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DATE REC'D BY LOCAL REG. 11-3-52	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE F. A. Reising	ADDRESS K. C. MOSS.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

George A. Rising

Signed.....

Student Embalmer

Licensed Embalmer No. *44681*

P. O. Address *H. C. Bane*

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.