

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38819
State File No.
4984
Registrar's No.

FILED DEC 6 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1602

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 (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) 3 1/2 yrs		c. CITY (If outside corporate limits, write RURAL and give township) 3 Kansas City and Ave., 3-78	
d. FULL NAME OF HOSPITAL OR INSTITUTION Malotta Rest Home		d. STREET ADDRESS (If rural, give location) 3217 Cleveland Ave., 0			
3. NAME OF DECEASED (Type or Print) a. (First) E. SARAHETH		b. (Middle) ELIZABETH		c. (Last) MAYER	
4. DATE OF DEATH Nov. 13, 1952		5. SEX Female		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 3		8. DATE OF BIRTH June 3, 1863		9. AGE (In years last birthday) 88 89	
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 (State or foreign country) Leavenworth, Kansas /	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Capt. John Hall		13b. MOTHER'S MAIDEN NAME Frances Caroline French	
14. NAME OF HUSBAND OR WIFE --		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Maude Duggin		18. ADDRESS Lincoln Arkansas		19. INTERVAL BETWEEN ONSET AND DEATH 3 yrs	
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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis		II. OTHER SIGNIFICANT CONDITIONS 4500	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Arteriosclerosis		DUE TO (b)		DUE TO (c)	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) (Min.)		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>1-1-52</u> , 19 <u>52</u> , to <u>11-13-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>11-13-52</u> , 19 <u>52</u> , and that death occurred at <u>2:55 am</u> , from the causes and on the date stated above.					
22a. SIGNATURE Frank Paul Laurenciana		22b. ADDRESS 428 South White Ave		22c. DATE SIGNED 11-13-52	
22a. SIGNATURE Frank Paul Laurenciana M.D.		22b. ADDRESS 428 South White Ave		22c. DATE SIGNED 11-13-52	
22a. BURIAL, CREMATION, REMOVAL (Specify) removal		22b. DATE Nov. 13, 1952		22c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
22d. LOCATION (City, town, or county) (State) Kansas City, Kans.		22e. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery		22f. LOCATION (City, town, or county) (State) Kans.	
DATE REC'D BY LOCAL REG. 11-14-52		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE Werner Mortuary	
25. FUNERAL DIRECTOR'S SIGNATURE Werner Mortuary		ADDRESS K.C. Kans.		ADDRESS K.C. Kans.	

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 _____

..... Student Embalmer No.

working under my personal supervision.

Signed A. C. Werner

Signed.....
Student Embalmer

Licensed Embalmer No. 2597

P. O. Address Werner Mortuary

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.

Kansas City, Kansas