

FILED FEB 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. 1487

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 267

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 township) Kansas City			c. LENGTH OF STAY (in this place) 10 yrs.			c. CITY (If outside corporate limits, write RURAL and give township) Kansas City			
d. FULL NAME OF HOSPITAL OR INSTITUTION 30 West Concord				d. STREET ADDRESS (If rural, give location) 30 West Concord					
3. NAME OF DECEASED (Type or Print) MARY		a. (First)		b. (Middle) CAIN		c. (Last) INWOOD			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Aug. 16, 1869			
9. AGE (in years last birthday) 83		10. KIND OF BUSINESS OR INDUSTRY At Home		11. BIRTHPLACE (City and State or Foreign Country) Danville, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles R. Cain		13b. MOTHER'S MAIDEN NAME Eliza Smith		14. NAME OF HUSBAND OR WIFE Richard Green Inwood					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Louis R. Inwood, 30 West Concord					
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Broncho-pneumonia				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal Hemorrhage				1 day	
DUE TO (c) Cause unknown				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: None						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)		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 Jan 11, 1953 , to Jan 16, 1953 , that I last saw the deceased alive on Jan 16, 1953 , and that death occurred at 3:40 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE Kenneth G. Davis M.D. (Degree or title)				23b. ADDRESS 201 Plaza Theater Bldg. Kansas City, Mo.		23c. DATE SIGNED 1-17-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-18-53 1953		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) South Bend, Indiana			
DATE REC'D BY LOCAL REG. 1-17-53		REGISTRAR'S SIGNATURE Heraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE FREEMAN MORTUARY & CHAPEL, K.C., MO.		ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

Lo 11096
Mr. Kenneth Davis -
Plaza Theatre Bldg.

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 *Clayton R. Barnes*

Licensed Embalmer No. *4793*

P. O. Address *K. C. 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.