

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5978

628

FILED FEB 27 1953

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 (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 25 years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		3168			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1326 East 14th. st.				d. STREET ADDRESS (If rural, give location) 1326 East 14th. st.					
3. NAME OF DECEASED (Type or Print) Fannie		a. (First)		b. (Middle) Mae		c. (Last) Hart			
4. DATE OF DEATH 1 26 1953		5. SEX Female 3		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 1			
8. DATE OF BIRTH 10-10-1904		9. AGE (In years last birthday) 48		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		11. BIRTHPLACE (State or foreign country) Little Rock, Arkansas 1			
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Isiah Jenkins		13b. MOTHER'S MAIDEN NAME Emma Floyd		14. NAME OF HUSBAND OR WIFE Henry Hart			
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 Henry Hart 1326 East 14th. st.					
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiac Disease 10 months ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Nephrosis 16 months DUE TO (c) Arteriosclerosis 2 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 443K				INTERVAL BETWEEN ONSET AND DEATH 10 months 16 months 2 yrs 443K	
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) m.		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 2-6, 1951, to 1-26, 1953, that I last saw the deceased alive on 1-26, 1953 and that death occurred at 7:30P. m., from the causes and on the date stated above.									
23a. SIGNATURE E. R. Geagan, DO (Degree or title) Mr. E. R. Geagan P. O. 2				23b. ADDRESS 1330 East 28 St.		23c. DATE SIGNED 1-30-53			
24a. BURIAL CREMATION (REMOVAL) (Specify) Burial		24b. DATE 1-31-1953		24c. NAME OF CEMETERY OR CREMATORY Westlawn		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 1-30-53		REGISTRAR'S SIGNATURE Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. J. W. Jones 440 state ave. K. C., Kansas					

(Licensed Embalmer's Statement on Reverse Side)

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.....
Student Embalmer

Signed

Caroline English

Licensed Embalmer No. *4105*

P. O. Address *400 State*

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.