

FILED MAR 19 1953

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1177

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1177

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) 40 YEARS	c. CITY OR TOWN Kansas City
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) 905 E. 9	31388

3. NAME OF DECEASED (Type or Print)	a. (First) Erma	b. (Middle) CLIFFORD	c. (Last) Kurre	4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 53
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2	8. DATE OF BIRTH JULY 2-1900	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	IF UNDER 60 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BUYER	10b. KIND OF BUSINESS OR INDUSTRY WOOLWORTHS	11. BIRTHPLACE (City and State or Foreign Country) INDIAN TERRITORY OKLAHOMA	12. CITIZEN OF WHAT COUNTRY? U.S.A.				

13a. FATHER'S NAME CLIFFORD JONES	13b. MOTHER'S MAIDEN NAME PAULINE LAW	14. NAME OF HUSBAND OR WIFE GEORGE KURRE
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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. 486-07-3168	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. PAULINE ZION 905 EAST 9th ST. KANSAS CITY, MO.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  2001
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal lymphosarcoma		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb. 3, 1953, to Feb. 24, 1953, that I last saw the deceased alive on Feb. 24, 1953, and that death occurred at 12:40A m., from the causes and on the date stated above.

23a. SIGNATURE B.I. Burns (Degree or title) B.I. Burns, M.D. MD 0	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 2-24-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE FEB. 26 1953	24c. NAME OF CEMETERY OR CREMATORY Mt. MORIAN CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
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DATE REC'D BY LOCAL REG. 2-26-53	REGISTRAR'S SIGNATURE Geraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O.H. Newcomer 1331 BRUSH CREEK KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*the*  
*Case*

**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.....  
Signature of Student Embalmer

Signed.....  
*Robert C. Hermon*

Licensed Embalmer No. *484*

P. O. Address *K. C. Ma*

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 embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.