

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28668**
3882
Registrar's No. _____

BIRTH NO. **43142** 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 township) OR TOWN Kansas City.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 2805 Mersington Avenue	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2		3365	

3. NAME OF DECEASED (Type or Print)	a. (First) (Infant)	b. (Middle)	c. (Last) Holman	4. DATE OF DEATH (Month) (Day) (Year) 7 16 1953
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5. SEX FEMale 3	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 7-16-53	9. AGE (In years last birthday) # UNDER 1 YEAR Months # UNDER 24 HRS. Days 4 25
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY America
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13a. FATHER'S NAME James Holman	13b. MOTHER'S MAIDEN NAME Clara Thompson	14. NAME OF HUSBAND OR WIFE none
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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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Thompson, 2805 Mersington Ave.	ADDRESS
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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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity		
	ANTECEDENT CAUSES DUE TO (b) Prematurity 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"/>	

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) (Min.)	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 **7-16-53**, 19___, to **7-16-53**, 19___, that I last saw the deceased alive on **7-16-53**, 19___, and that death occurred at **11:00a m.**, from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis (Degree or title) MD	23b. ADDRESS 600 East 22nd Street	23c. DATE SIGNED 7-21-53
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 8-7-53	24c. NAME OF CEMETERY OR CREMATORY Heads Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City MO
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DATE REC'D BY LOCAL REG. 8-5-53	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE Wm. A. ...	ADDRESS 1501 ...
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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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Anna Schuyler

Licensed Embalmer No. *3089*

P. O. Address _____

K C MD

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.