

FILED SEP 24 1953

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31828**
4290

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 KANSAS b. COUNTY WYANDOTTE

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City

c. CITY OR TOWN Kansas City d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (In this place) 4 days

e. STREET ADDRESS (If rural, give location) 4014 Rainbow Blvd 815 8

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1

3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) _____ c. (Last) Homan 4. DATE OF DEATH (Month) (Day) (Year) 8 29 1953

5. SEX Female 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 8. DATE OF BIRTH April 20-1876 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and State or Foreign Country) Penn. / 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME William Slyker 13b. MOTHER'S MAIDEN NAME Susan Kraus 14. NAME OF HUSBAND OR WIFE Unknown

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 Mrs. R. J. Henry 4014 Raininbow KCKans.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis with central nervous system and kidney changes
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral encephalomalacia & arteriolar nephrosclerosis
DUE TO (c) Pulmonary tuberculosis
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332XA

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

21a. ACCIDENT (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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 8-26 1953, to August 29, 1953, that I last saw the deceased alive on August 29, 1953, and that death occurred at 12:15A m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) B. I. Burns, M.D. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 8-31-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE 8-31-53 24c. NAME OF CEMETERY OR CREMATORY Forest Hill Cem. 24d. LOCATION (City, town, or county) (State) 6900 Roost K.C. Mo.

DATE REC'D BY LOCAL REG. 9-1-53 REGISTRAR'S SIGNATURE Seraldine Smith 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. C. Hellett K.C., Mo.

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

1913

Handwritten notes in the top right corner.

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..... *B. E. Weiler*

Licensed Embalmer No. *4072*

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