

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>67 YEARS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>TWIN OAKS APARTMENTS</u> <u>5050 OAK STREET</u>				e. STREET ADDRESS (If rural, give location) <u>5050 OAK STREET - TWIN OAKS</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ORLA</u>		b. (Middle) <u>ADDISON</u>		c. (Last) <u>SEVERANCE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 11 1954</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JAN. 11, 1877</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>OWNER - RETIRED - 4 YRS.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BOARD OF TRADE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTTSVILLE NEW YORK</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>HORACE SEVERANCE</u>			13b. MOTHER'S MAIDEN NAME <u>ELEANOR VALLINTINE</u>			14. NAME OF HUSBAND OR WIFE <u>RUBY LEWIS SEVERANCE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>FRANK SEVERANCE</u>		ADDRESS <u>1555 MAIN ST. KANSAS CITY MO</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Prostate</u>		ANTECEDENT CAUSES				DUE TO (b) _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS	
		Conditions contributing to the death but not related to the disease or condition causing death.				<u>Mythral Insufficiency</u> <u>Arteriosclerosis</u> <u>Don't know 20 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)		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 <u>12-30-1950</u> to <u>6-10-1954</u> that I last saw the deceased alive on <u>6-8-1954</u> and that death occurred at <u>5:40 a.m.</u> from the causes and on the date stated above.							
22a. SIGNATURE <u>Eugene C. Black</u> (Degree or title)				23b. ADDRESS <u>1228th of Redd Kemo</u>		23c. DATE SIGNED <u>6/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>BURIAL</u>		<u>JUNE 14 1954</u>		<u>FOREST HILL CEMETERY</u>		<u>KANSAS CITY MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-14-54</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.A. Newcomer</u> ADDRESS <u>1231 BRUSH CREEK BLVD. KANSAS CITY, MISSOURI</u>			

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 *Richard L. Meyer*

Licensed Embalmer No. *49*

P. O. Address *Haw...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.