

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1005 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. CITY OR TOWN Kansas City	d. In 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. General Hospital #2		e. STREET ADDRESS (If rural, give location) 1229 Troost Avenue	

3. NAME OF DECEASED (Type or Print) Helen		a. (First) Helen	b. (Middle) F.	c. (Last) James	4. DATE OF DEATH (Month) 9 (Day) 5 (Year) 1954				
5. SEX 3 Female	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Mar. 10, 1905	9. AGE (In years last birthday) 49	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10b. KIND OF BUSINESS OR INDUSTRY Ten Cents Store		11. BIRTHPLACE (City and State or Foreign Country) Cairo, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME (Unknown) Robinson		13b. MOTHER'S MAIDEN NAME Jessie Jenkins		14. NAME OF HUSBAND OR WIFE Harrison James	
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. -		17. INFORMANT'S SIGNATURE OR NAME Harrison James, 1229 Troost Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral anoxia		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 1/4 46
	ANTECEDENT CAUSES DUE TO (b) Peripheral vascular failure		
	DUE TO (c) Hyperthermia & heat prostration.		
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) 123 (STATE)
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?

22. I hereby certify that I attended the deceased from 9-4-54, 19 , to 9-5-54, 19 , that I last saw the deceased alive on 9-5-54, 19 , and that death occurred at 4:50 a.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 9-7-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/11/54	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 9-9-54	REGISTRAR'S SIGNATURE Neva Minshel	25. FUNERAL DIRECTOR'S SIGNATURE West, Appleton & Jones, Inc., 1905 Vine		

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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Conuelo A. Galus Bala*

Licensed Embalmer No. *494*

P. O. Address *K. C., P. O.*

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.