

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

FILED OCT 20 1954

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4565

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u> | | c. CITY OR TOWN <u>Kansas City</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. LENGTH OF STAY (In this place) <u>2 wks.</u> | | e. STREET ADDRESS (If rural, give location) <u>3006 N. 51st.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Linwood Nursing Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) <u>JENNIE</u> | a. (First) | b. (Middle) | c. (Last) <u>PAUL</u> | 4. DATE OF DEATH <u>Sept. 28, 1954</u> |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | 8. DATE OF BIRTH <u>Jan. 15, 1880</u> | 9. AGE (In years last birthday) <u>74 yrs.</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Farina, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Farina, Illinois</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>Oliver Langworthy</u> | 13b. MOTHER'S MAIDEN NAME <u>Barbara Quick</u> | 14. NAME OF HUSBAND OR WIFE <u>William C. Paul</u> |
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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) <u>no</u> | 16. SOCIAL SECURITY NO. <u>708-14-3638</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>William C. Paul Jr.</u> | ADDRESS <u>K.C.Ks.</u> |
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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 <u>1 week</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u> | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic c.v. disease</u> yrs. DUE TO (c) <u>Diabetes mellitus</u> yrs. | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | <u>260X</u> |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 Aug. 1952, to Sept. 28, 1954, that I last saw the deceased alive on Sept. 27, 1954, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Bernard Goldblatt</u> (Degree or title) D | 23b. ADDRESS <u>307 Huron Bldg KCK</u> | 23c. DATE SIGNED <u>9-29-54</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/1/54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Ks.</u> |
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| DATE REC'D BY LOCAL REG. <u>9-29-54</u> | REGISTRAR'S SIGNATURE <u>Neva Marshall</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. F. Porter & Sons</u> | ADDRESS <u>K.C.Ks.</u> |
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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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Howard L. Porter*.....

Licensed Embalmer No....375

P. O. Address...19th & Min
Kansas City

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.