

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4926

State File No.

FILED FEB 18 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 441

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 R.U.P.A. and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>60 YEARS</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>3804 BELL STREET</u>		STREET ADDRESS (If rural, give location) <u>1108 3804 BELL STREET</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLOTTE</u> b. (Middle) <u>MATILDA</u> c. (Last) <u>LONN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JANUARY 28, 1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>OCT. 23, 1868</u>
9. AGE (In years last birthday) <u>86</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>COOK</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEKEEPER</u>		11. BIRTHPLACE (City and State; Foreign Country) <u>SWEDEN</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>MAGNUS LONN</u>		13b. MOTHER'S MAIDEN NAME _____	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. IDA T. LARSON</u> ADDRESS <u>3804 BELL STREET KANSAS CITY, MISSOURI</u>	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES <u>Arteriosclerosis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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"/>		21. INTERVAL BETWEEN ONSET AND DEATH <u>5 mo</u> <u>eyes</u> <u>332 X</u>	
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) _____	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>10/18/54</u> to <u>1/28, 1955</u> , that I last saw the deceased alive on <u>1/28, 1955</u> and that death occurred at <u>4:30 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>William B. Allen</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>1331 Brown Court Kansas City Mo.</u>	
23c. DATE SIGNED <u>1/29/55</u>		24. LOCATION (City, town or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-31-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	24d. LOCATION (City, town or county) (State) <u>Kansas City Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-31-55</u>	REGISTRAR'S SIGNATURE <u>neva minahall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Newcome's Mo. Kansas City, Missouri</u> ADDRESS <u>1331 Brown Court</u>	

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

10/22/30-5:00 P.M.

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 *Follie Kessel*

Licensed Embalmer No. *469*

P. O. Address *R C M*

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.