

FILED APR 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11991

State File No.

No. 300

0.48

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|--|--|---|---|---|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>1602</u> | |
| 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 OR TOWN Kansas City) | | c. LENGTH OF STAY (in this place) 35 yrs | | c. CITY OR TOWN Kansas City | | 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 2305 Brooklyn | | | | STREET ADDRESS (If rural, give location) 2305 Brooklyn 3340 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Lennie | | b. (Middle) | | c. (Last) Kane | | 4. DATE OF DEATH (Month) (Day) (Year) April 7, 1955 | |
| 5. SEX female ³ | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow ² | | 8. DATE OF BIRTH Oct. 18, 1898 | |
| 9. AGE (In years; last birthday) 56 | | IF UNDER 1 YEAR Months | | IF UNDER 24 HRS. Days | | Hours Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid | | | 10b. KIND OF BUSINESS OR INDUSTRY Private Home | | | 11. BIRTHPLACE (City and State or Foreign Country) Marshall, Mo. ⁰ | |
| 12. CITIZEN OF WHAT COUNTRY? USA | | | | 13a. FATHER'S NAME Charlie Brown | | 13b. MOTHER'S MAIDEN NAME Laura Johnson | |
| 14. NAME OF HUSBAND OR WIFE Charles Kane | | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT'S SIGNATURE OR NAME Robert Brown | | | | ADDRESS 2318 Prospect | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) a. of uteris ANTECEDENT CAUSES Morbidity 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. none | | | | INTERVAL BETWEEN ONSET AND DEATH unknown 174h | |
| 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) (STATE) Kansas City Jackson Mo. | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) | | 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 3-30 , 1954 to 4-7 , 1955 that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 22a. SIGNATURE J. Haugh Sr. MD (Degree or title) | | | | 23b. ADDRESS 2200 E 18th | | 23c. DATE SIGNED 4-9-55 | |
| 24a. BURIAL CREMATION (Specify) | | 24b. DATE April 12, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY Highland | | 24d. LOCATION (City, town, or county) (State) Kansas City Mo. | |
| DATE REC'D BY LOCAL REG. 4-11-55 | | REGISTRAR'S SIGNATURE Neva Marshall | | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. Funeral Home | | ADDRESS 18th Benton | |

(Licensed Embalmer's Statement on Reverse Side)

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 *Bruce A. Watkins*.....

Licensed Embalmer No. *450*

P. O. Address *St. Louis, 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.