No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22127

FILED AUG 3 - 1955

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2984

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Florence E. MacInnis, M.D.

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 45 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Crestwood Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Ja.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 608 E. Gregory 810 3844 0

3. NAME OF DECEASED (Type or Print)
a. (First) Elizabeth
b. (Middle) K.
c. (Last) Ford

4. DATE OF DEATH (Month) (Day) (Year) 7-12-55

5. SEX F 1
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 9
8. DATE OF BIRTH 12-16-81
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (City and State or Foreign Country) Lincoln Neb. 1
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME No Data
13b. MOTHER'S MAIDEN NAME No Data
14. NAME OF HUSBAND OR WIFE Thomas R. Ford

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mrs. Johnson **ADDRESS** 411 E. 74

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

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Bronchopneumonia	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Debilitation	?
	DUE TO (c) Arthritis Deformans	?
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		7230

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 11, 1955 *to* July 11, 1955, *that I last saw the deceased alive on* July 11, 1955, *and that death occurred at* 4:35 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Florence E. MacInnis M.D.
23b. ADDRESS 1103 Grand
23c. DATE SIGNED 7/13/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-15-55
24c. NAME OF CEMETERY OR CREMATORY Maple Hill
24d. LOCATION (City, town, or county) (State) K.C.K.

DATE REC'D BY LOCAL REG. 7-13-55
REGISTRAR'S SIGNATURE Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE Simmons **ADDRESS** K.C.K.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed H Simmons

Licensed Embalmer No. 3903

P. O. Address KCK

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.