STANDARD CERTIFICATE OF DEATH a. COUNTY JACKSON b. CITY (It outdess corporate limits, write BURAL and drive to the third of the standard of	. PHEN MAY	231956	THE DIVISION OF HE				40040
1. PLACE OF DEATH 2. COUNTY JACKSON 2. COUNTY JACKSON 2. COUNTY JACKSON 2. COUNTY JACKSON 3. COUNTY JACKSON 4. COUNTY JACKSON 4. COUNTY JACKSON 5. COUNTY JACKSON 5. COUNTY JACKSON 5. COUNTY JACKSON 5. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 6. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 6. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 7. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 6. COUNTY JACKSON 6. COUNTY JACKSON 6. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 6. COUNTY JACKSON 7. COUNTY JACKSON 8. DATE OF SHAPP JACKSON 8. COUNTY JACKSON 8. DATE OF SHAPP JACKSON 9. AGE (18 years) of COUNTY JACKSON 10. SHAPP JACK	TILL MAN	. ~ 0 1000	STANDARD CERTIF	FICATE OF DEA	NTH Sta	te Filc No	TO540
a. COUNTY JACKSON b. CITY (It quartees compared limits, write RURAL and give to Town KANSAS CITY COUNTY (It subtice place of the point is beginned or inacticulation, give stress shafteen of beauties) TOWN KANSAS CITY COUNTY (If we the beauties) TOWN KANSAS CITY (If we the beauties) TOWN K	BIRTH NO		REG. DIST. NO	PRIMARY REG. DIST.	NO. 1002 Res	istrar's No	1915
D. CITY (If words corporate limits, with RURAL and give to Carried STAY in this parties) O. C. CITY ON KANSAS CITY d. FULL NAME OF (II no its hospital or institution, give streat address or location) INSTITUTION/FETERANS ADMINISTRATION HOSPITAL O. CLEAN ADDRESS O. CLORY OR RACE PARTIES O. CLORY OR	1. PLACE OF DEA	ATH		1 2 USUAL RESID	ENCE (Where deceased	lived. If ian	titution: residence b
b. CITY (It aucides corporate limits, write IUNAL and artwood CR	a. COUNTY J	ACKSON				OUNTY X	Lekson
A FULL NAME OF CIT as the instant of instantial congress of teaches of teac	b. CITY (If outside ec	orporate limits, write R	URAL and give c. LENGTH OF	c. CITY OR		d. Co	idence within limits of or incorporated town?
d. FULL NAME OF the not in social or insultation, the stree address of boundary of the control o	TOWN K	ANSAS CITY	·	A TOWN KANSA	SCITY	1 763	□ <u>™</u> ∪ ೨ :
3. NAME OF DECEASED DECEASED OF (First) DOUTS DO	d. FULL NAME OF HOSPITAL OR	(If not in hospital or in	natitution, give street address or location)	ADDRESS		_	
DECEASE D Crype or Print) IDUIS S. SEX Male Negro Neg							(Dam) (V
S. SEX BATE OF BIRTH S. DATE OF BIRTH September 8, 1908	DECEASED		2. (Seiden)		I OF		
Male Negro 10a. USUAL OCCUPATION (Cike hield of work) Married 10b. KIND OF BUSINESS OR IN. Chef 10b. KIND OF BUSINESS OR IN. Restraint Restraint 10b. KIND OF BUSINESS OR IN. Restraint 10b. KIND OF BUS			1.7. MARRIED, NEVER MARRIED,		9. AGE (In s	eare IF UNDER	1 YEAR IF UNDER 14
Commerce Texas 13a. Father's Mame	3-1			September 8,	last birthda	y) Months	Days Hours N
38. FATHER'S NAME UNKNOWN 13. MOTHER'S MAIDEN NAME UNKNOWN 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY 17. INFORMANT'S SIGNATURE OR NAME ADDRES WITH MEDICAL CERTIFICATION DISCASS OR CONDITION D	10a. USUAL OCCUPATIO	ON (Give kind of work	10b. KIND OF BUSINESS OR IN-	11. BIRTHPLACE (Ci	ty and State or Foreign (Country)	12. CITIZEN OF W
UNKNOWN IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY TO THE MANUAL MANUAL SET MANUA		ing inte, even it recited)		Commerce Tex	AS '		U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY (17 on. or unknown) (18 on. or unknown) (1	3a. FATHER'S NAME		. 136. MOTHER'S MAIDEN	NAME	14. NAME OF HUSBA	UND'OR WIF	E
(IV. pa., et us war or dates of service) Yes WII 195-05-76 79 WA Hospital Official Records. K. C. Mo. WII 195-05-76 79 WA Hospital Official Records. K. C. Mo. MEDICAL CERTIFICATION MEDICAL CERTIFICATION INTERVAL BETW. ONSET AND DETERMINE THE CONDITION OF THE CONDITION O				· 			
WIT 195-05-76 79 VA Hospital Official Records & K. C. Mo. MEDICAL CERTIFICATION MEDICAL CERTIFICATION INTERVAL BETW ONSET A BOD DEL INTERVAL BETW ONSET ABOD DEL			of service) NO.				ADDRES
Enter only one cause per inte for (a), (b), and (c) *This does not mean the mode of dying, such the tise to the above cause (a) stating congestive heart failure *This does not mean the mode of dying, such the tise to the above cause (a) stating congestive heart failure *This does not mean the mode of dying, such the tise to the above cause (a) stating congestive heart failure **This does not mean the mode of dying, such the tise to the above cause (a) stating congestive heart failure **In means the distance of compileation which caused death. **In other Significant Conditions of Conditions on the death but not Conditions contributing to the draft but not Conditions contributions contribution course death. **Characteristics** **Condition** **Condition**			<u>495-05-76 79</u>		Official Rec	ords. I	
Enter only one cause per line for (a), (b), and (c) "This does not mean the mode of dying, such as heart failure, as the ring failure,							ONSET AND DEA
ANTECEDENT CAUSES Mortid conditions, if any, giring DUE TO (b) Cardiac hypertrophy & dilatation with 26 months as heart-failure, asthemia, etc. It means the discuss (a) staffing couse least, injury, or complication which caused death. II. OTHER SIGNIFICANT CONDITIONS DUE TO (chyocardial infarction, recent and healed III. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the discuss or condition causing death. Chronic passive congestion, liver 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Boar) ENDIRED (Bacelly) 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., etc.) PORTON AT WORK		DIRECTLY LEAD	ING TO DEATH 1/ Pullmon a rv	edema and con	gestion. mar	ked	few days
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Conditions contributing to the death but not related to the disease or condition causing death. Chronic passive congestion, liver 19a. DATE OF OPERA-TION 19b. MAJOR FINDINGS OF OPERATION 21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., sto.) 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME (Month) (Day) (Year) (Hoor) WHILE AT NOT WHILE WORK AT WORK 22l. I hereby certify that attended the deceased from February 219 56, to May 1, 1956 XHXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		IL OTHER CICKII			Ton's Leceur	and nee	Lea .
19a. DATE OF OPERATION 20. AUTOPSY? YES NO 21a. ACCIDENT SUICIDE HOMICIDE HOMICIDE HOMICIDE OF INJURY 21b. PLACE OF INJURY (e.g., in or about bome, farm, factory, street, office bidg., sto.) OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 21d. TIME OF INJURY 21d. INJURY OCCURRED WHILE AT NOT WHILE WORK AT WORK 21f. HOW DID INJURY OCCUR? 21f. HOW DID INJURY OCCUR? 22f. Hereby certify that attended the deceased from February 219 56, to May 1 OF INJURY 22a. SIGNATURE EIGENE C. HIA, M. HOW (Degree or title) 23b. ADDRESS 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State TION, REMOVAL (Boosity) ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS 26. DATE SIGNATURE 27. Leaven worth Math Cem. Ft. Leaven W	tion which caused death.		laren arak alamak katawa a		ongestion. 1	iver	14201
21a. ACCIDENT (Specify) 21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE 21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT		·.——		<u> </u>	<u> </u>		20. AUTOPSY?
SUICIDE HOMICIDE SUICIDE HOMICIDE Bome, farm, factory, street, office bldg., etc.)	HON	<u></u> _			· · · · · ·	•	YES X NO
WHILE AT WORK	21a. ACCIDENT SUICIDE HOMICIDE			21c. (CITY, TOWN, OR	TOWNSHIP)	(COUNTY)	(STATE)
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23a. SIGNATURE Cherrer of titles Cherrer		that Wattandad !		V 210 56 10 MAV	1 156	XXXXXX	0.00000000000
23a. SIGNATURE ELIGENE C. H. M. D. C. Degree or title) 23b. ADDRESS VA HOSDITAL KANSAS CITY. Mo. 5/2/56 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State of the county) Company of the county	- Thereby certify	that alteriaed t	XX and that death occurred at	3:35P m., from t	he causes and on the		
VA HOSPITAL CEMA- 24a. BURIAL CEMA- TION. REMOVAL (Specify) 5/7/956 7/956 7/956 7/2020200071 Annoya Application (City, town, or county) Annoya Application (City, town, or county) Application (City, town, or county) Annoya Application (City, town, or county)	23a. SIGNATURE		(Degree or title)	23b. ADDRESS			23c. DATE SIGN
248. BURIAL, CEMA- TION, REMOVAL (Boodly) 5/7/1956 71. Leaven worth Hat Cem. Tr. Leaven worth DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 246. NAME OF CEMETERY OR CREMATORY 246. LOCATION (City, town, or county) ADDRESS ADDRE	EUSENE	C. He My			Kansas City	. Mo.	5/2/56
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Removal (Book)	13///72	6 FT. Leavenwe	the Natt Com	tt. Leavenwo.	11. <u> </u>	Kansaz
	_ REC		SIGNATURE	25 FUNERAL DIREC	TOR'S SIGNATURE	יאן א	DORESS //
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was er by me, or by Student Embalmer No......

working under my personal supervision..

Signature of Student Embalmer

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.