

FILED JUL 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **20575**

2668

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

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. CITY / OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) 55 yrs.		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 QUEEN OF THE WORLD HOSPITAL			
e. STREET ADDRESS 1521 Olive		f. (If rural, give location) 3250	

3. NAME OF DECEASED (Type or Print) a. (First) Artist b. (Middle) c. (Last) King			4. DATE OF DEATH (Month) (Day) (Year) June 15, 1956		
5. SEX 3 Female		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH January 5, 1901			9. AGE (In years) (last birthday) 55 Months 6 Days 10		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife.			10b. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (City and State or foreign Country) Kansas City, Missouri			12. CITIZEN OF WHAT COUNTRY? American		

13a. FATHER'S NAME John Cranshaw		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Estrel King 1521 Olive, K.C., Mo.	
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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) No		16. SOCIAL SECURITY 487 - 10 - 8427		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Estrel King, Husband above	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malaria			INTERVAL BETWEEN ONSET AND DEATH 3 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chc Gramercy septicitis			5 yrs
		DUE TO (c) Hypertension			10 yrs?
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes 592X			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan, 1955, to 15 June, 1956, that I last saw the deceased alive on 24 June, 1956, and that death occurred at 12:25 m., from the causes and on the date stated above.

23a. SIGNATURE William W. Cis (Degree or title) MD		23b. ADDRESS 1103 Grand Moller		23c. DATE SIGNED 15 June 56	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/18/1956		24c. NAME OF CEMETERY OR CREMATORY Highland Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
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DATE REC'D BY LOCAL REG. 6-18-56		REGISTRAR'S SIGNATURE neva minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Leo Davis Funeral Home K.C., Mo.	
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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 emb
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Landis L Jackson*

Licensed Embalmer No. *483*

P. O. Address *K.C.*

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