

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 27 1956

30668

STATE FILE NUMBER 3896

Registration District No. 149 Primary Registration District 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 3578			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY 0			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL			Length of stay in lb 50 YEARS		d. STREET ADDRESS 3327 INDIANA AVENUE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ERNIA MARGARET DOCKINS				4. DATE OF DEATH Month Day Year SEPTEMBER 2 - 1956			
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH MARCH 5, 1878	9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) MC COMB, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME DAVID WARENTZ				14. MOTHER'S MAIDEN NAME SALLY McGRATH			
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 NO. NONE		17. INFORMANT JOHN L. DOCKINS, 3327 INDIANA AVENUE, KANSAS CITY, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Peritonitis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Pelvic Abscess DUE TO (c) Carcinoma of Bladder 181* PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).							INTERVAL BETWEEN ONSET AND DEATH 48 hrs 7 6 weeks ? 6 mo
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Mar 1956 to Sept. 1956 and last saw her alive on Sept 2, 1956 Death occurred at 9:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John M. Powers (Degree or title)				22b. ADDRESS 3304 Lenwood		22c. DATE SIGNED 9/4/56	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE SEPT 5, 1956	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAN CEMETERY		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		
24. FUNERAL DIRECTOR DW NEWCOMER'S SONS, 1531 BUSH CREEK, KANSAS CITY, MO.			25. DATE RECD. BY LOCAL REG. 9-5-56		26. REGISTRAR'S SIGNATURE Reva Marshall		

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 *Edward M. St...*

Licensed Embalmer No. 44

P. O. Address K.C. 10

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