

FILED SEP 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30821
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3700A

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, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY 3888		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 6312 INDIANA AVE.		Length of stay in lb 3 YRS.	d. STREET ADDRESS 6312 INDIANA AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE LAST EMMA LOACH			4. DATE OF DEATH Month Day Year AUG-28, 1956		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY-15, 1868	9. AGE (In years last birthday) 88	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 AT HOME	11. BIRTHPLACE (City and state or country) ONTARIO, CANADA		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME THOMAS FORD			14. MOTHER'S MAIDEN NAME LAVINA LEVIN'S		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) NO #		16. SOCIAL SECURITY NO. NONE	17. INFORMANT MRS. MARGARET I. CONN, KANSAS CITY, MO. Address 6312 INDIANA,		
18. CAUSE OF DEATH [Enter only one cause pertaining to (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchial pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) EMACIATION AND CACHEXIA DUE TO (c) Biliary and pancreatic disease - gallstones PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n) 584X					INTERVAL BETWEEN ONSET AND DEATH
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 WORK <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 Nov. 5 - 1955 to Aug. 28 1956 and last saw her alive on Aug. 21 1956 Death occurred at 6:40 a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE F. Weinberg, D.O.			22b. ADDRESS 7204 Prospect		22c. DATE SIGNED 8/21/56
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION AVE 29-1956		23b. DATE AUG 29 1956		23c. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMERS SONS	
24. FUNERAL DIRECTOR D.W. Newcomer Sons, T.C. Tho.		25. DATE RECD. BY LOCAL REG. 8-29-56		23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI	
26. REGISTRAR'S SIGNATURE Reva Marshall					

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STATEMENT BY LICENSED EMBALMER

NOT EMBALMED

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 *Basil W. Honey*.....

NOT EMBALMED

Licensed Embalmer No. *472*

P. O. Address *K.C., Mo.*

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