

FILED DEC 13 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER **38000**
Registrar's No. **5015**

Registration District No. **149** Primary Registration District No. **1202**

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		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3028 Holmes		d. STREET ADDRESS 3028 Holmes	
Length of stay in hospital 53 yrs		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ROSE Middle E. Last FINNERTY		4. DATE OF DEATH Month 11 Day 19 Year 56	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-5-1874
9. AGE (In years last birthday) 82		IF UNDER 1 YEAR Month 8 Days 2	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (City and state or country) Pleasanton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John C. Hamm	
14. MOTHER'S MAIDEN NAME Susan Ramey		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 Deemy Snow, Pleasanton, Kansas	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arachnoid DUE TO (b) Cancer of Cervix & Vagina DUE TO (c) Prostatic Gland PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Hypertension			INTERVAL BETWEEN ONSET AND DEATH 1998
19a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	19b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20a. TIME OF INJURY Hour 11:30 Month PM Day 11-19-56 Year 56	20b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
20c. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20d. CITY, TOWN, OR LOCATION	20e. COUNTY	20f. STATE
21. I attended the deceased from 1950 to 11-19-56 and last saw her alive on 11-13-56 . Death occurred at 11:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Hugh A. Gestring		22b. ADDRESS 1220 E 31st	22c. DATE SIGNED 11-20-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11-21-56	23c. NAME OF CEMETERY OR CREMATORY Letell Cemetery	23d. LOCATION (City, town, or county) (State) Pleasanton, Kansas
24. FUNERAL DIRECTOR Wagner Funeral Home, K6 Mo	25. DATE RECD. BY LOCAL REG. 11-20-56	26. REGISTRAR'S SIGNATURE Reva Minshall	

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
Hugh A. Gestring

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1-56

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6400

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 *Alvin R. Hansen*

Licensed Embalmer No. *4*

P. O. Address *B. C.*

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.