

FILED JAN 14 1957

STANDARD CERTIFICATE OF DEATH

41529

STATE FILE NUMBER

5598

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 X 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"/>	Inside Limits Y# <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St Joseph Hosp.		Length of stay in lb 45 yrs	d. STREET ADDRESS (If outside, give location) 4409 Roanoke Pkwy

3. NAME OF DECEASED (Type or print) First Maud Middle E. Last Holland			4. DATE OF DEATH Month Dec. Day 23 Year 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 July 14, 1874		9. AGE (In years of birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife At Home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Plymouth, Indiana		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George W. Miller			14. MOTHER'S MAIDEN NAME Louise Robison		

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. No	17. INFORMANT Address Miss Eula Miller 4409 Roanoke Pkwy
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 26 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Essential Arterial Hypertension	years
	DUE TO (c) Arteriosclerosis	years.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

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 Ottawa, Kansas	COUNTY Jackson	STATE Kansas
21. I attended the deceased from Nov. 28-16 to Dec 23 1956 and last saw her alive on Dec 23 1956 Death occurred at 3:15 A , m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE (Degree or title) W. M. Ketcham M.D.		22b. ADDRESS 15C Mo		22c. DATE SIGNED 12/25/56

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-27-1956	23c. NAME OF CEMETERY OR CREMATORY Highland	23d. LOCATION (City, town, or county) (State) Ottawa, Kansas	
24. FUNERAL DIRECTOR ADDRESS Stine & McClure Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 12-26-56	26. REGISTRAR'S SIGNATURE Neva Munsell	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
W. M. Ketcham

Dr. Ketchum + Hunter
William B. Boly,
V.I. Q-6708

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 *Gerald A. Buyer*.....

Licensed Embalmer No. 471

P. O. Address *K. E. M.*

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.