

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
J. J. Farnsworth

FILED JAN 22 1957

STANDARD CERTIFICATE OF DEATH

1455

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 111

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 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3749 Prospect		Length of stay in hospital 32 Years		d. STREET ADDRESS 3749 Prospect (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First John Middle M. Last Schmedding			4. DATE OF DEATH Month Jan. Day 8 Year 1957		
5. SEX Male	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 Feb. 26 1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 76 Days 0 Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Park Board- Retired		10b. KIND OF BUSINESS OR INDUSTRY Kan City Mo.		11. BIRTHPLACE (City and state or country) Germantown, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME J. B. Schmedding		
14. MOTHER'S MAIDEN NAME Nora Buckley			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. 487-03-5968		17. INFORMANT Address Lena Schmedding 3749 Prospect K. C. 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) 2nd massive Brain hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 1st Brain hemorrhage 18 months ago DUE TO (c) _____ 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 2 hours 331 X
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 June 55 to Jan 57 and last saw her alive on Jan. 3 '57 Death occurred at 11 Am on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) J. J. Farnsworth M.D.			22b. ADDRESS 1103 Grand K.C. MO		22c. DATE SIGNED 1/8/57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 10 1957	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City Missouri
24. FUNERAL DIRECTOR ADDRESS Mellody McGilley Eylar Kan. City Mo.			25. DATE RECD. BY LOCAL REG. 1-9-57	26. REGISTRAR'S SIGNATURE Neva Marshall	

Dr. J. D. Harmanworth
Prof. Bldg.
2:30 To 5 PM

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 Arthur Eugene _____

Licensed Embalmer No. 49

P. O. Address K.C. 7

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.