

FILED MAY 7 - 1957

STANDARD CERTIFICATE OF DEATH

State File No. **13123**  
**1883**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Calay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY OR TOWN <b>Kansas City, north</b>	d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>42 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>508 1919 E. 38th St North</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Leeds Tuberculosis Hosp</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Ruth</b> b. (Middle) <b>H.</b> c. (Last) <b>FOX</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 17 1957</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>divorced</b>	8. DATE OF BIRTH <b>Feb 20 1890</b>
9. AGE (In years, last birthday) <b>67</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>England</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. NAME OF HUSBAND OR WIFE <b>4</b>	

13a. FATHER'S NAME <b>John H. Harrison</b>		13b. MOTHER'S MAIDEN NAME <b>Elisa Boyer</b>	
15. HAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>487-07-6826</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Kathryn Swaggart</b>			
ADDRESS <b>1912 E 38th St</b>			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Tuberculosis Pneumonia</b>		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH  <b>007+</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Tuberculosis pulmonary - acute</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c)		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1946** to **April 17, 1957**, that I last saw the deceased alive on **April 17, 1957** and that death occurred at **11:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Melvin Langhus MD</b>		23b. ADDRESS <b>2025 Swift in N.C. Mo.</b>		23c. DATE SIGNED <b>4-22-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>General</b>		24b. DATE <b>4-23-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>White Chapel</b>	
24d. LOCATION (City, town, or county) (State) <b>Calay Co Mo</b>		24e. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. McCormick</b>		ADDRESS <b>Some N.C. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-22-57</b>		REGISTRAR'S SIGNATURE <b>Melvin Marshall</b>		24f. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. McCormick</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Melvin Langhus

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Box 1-00558

**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.....  
*John H. Halsebrook*

Licensed Embalmer No. *4949*  
P. O. Address *No. Kansas City*

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