

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

6102-60-046148
6102 STATE FILE NUMBER

FILED VS DEC 1 9 1960

149

Registration District No. _____ Primary Registration District No. 1002 Registrar's No. _____

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY JACKSON	a. STATE MISSOURI	b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY	Length of stay in lb 48yrs	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 2624 Olive	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS 2624 Olive	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print)	First EMMA	Middle CORNELIA	Last JONES	4. DATE OF DEATH	Month 11	Day 30	Year 60
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 7-2-1897	9. AGE (last birthday) 63 yrs	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maid	10b. KIND OF BUSINESS OR INDUSTRY Private Family	11. BIRTHPLACE (City and state or country) Van Buren, Arkansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Andrew Bell	13b. MOTHER'S MAIDEN NAME Anna Greenlee	14. NAME OF HUSBAND OR WIFE
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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. 488-36-0612	17. INFORMANT Anna Lee Price	Address 2213 E. 34th St.
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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:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) Cerebral Hemorrhage	5 or 7 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertension	
DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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.)
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20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION March 21, 1960	COUNTY Sept. 21, 1960	STATE Sept. 21, 1960
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21. I attended the deceased from March 21, 1960 to Sept. 21, 1960 and last saw him/her on Sept. 21, 1960 Death occurred at 10:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George H. Taft M.D. (Degree or title)	22b. ADDRESS 2204 E. 18th Street	22c. DATE SIGNED 12/2/60
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23a. BURIAL, CREMATION OR OTHER DISPOSITION (Specify) Burial	23b. DATE 12-5-60	23c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn	23d. LOCATION (City, town, or county) (State) Kansas City Mo.
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24. FUNERAL DIRECTOR Watkins Bros. Funeral Home 18th Benton	ADDRESS	25. DATE RECD. BY LOCAL REG. 12-5-60	26. REGISTRAR'S SIGNATURE H-L. Dwyer
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DOCUMENT

MEDICAL CERTIFICATION
George H. Taft
BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Drew R. Watkins

Licensed Embalmer No. 4600

P. O. Address 18th & Be

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