

CERTIFICATE OF DEATH

**FILED**

JUN 12 1972

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 1/70

DECEASED—NAME FIRST MIDDLE LAST		SEX	DATE OF DEATH (MONTH, DAY, YEAR)
1. EUNICE E. MAHAN		Female	May 26, 1972
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	DATE OF BIRTH (MONTH, DAY, YEAR)
4. White	5a. 91	5b. MOS. 5c. DAYS 5d. HOURS 5e. MIN.	6. April 22 1881
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7b. Kansas City		7c. Yes	7d. St. Luke's Hospital
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)
8. Missouri		9. U.S.A.	10. Widowed
SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)		11. - - - - -	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. 494 54 4407		13a. Housewife	13b. Wife
RESIDENCE—STATE	COUNTY	CITY, TOWN, OR LOCATION	STREET AND NUMBER
14a. Missouri	14b. Jackson	14c. Kansas City	14d. 947 W. 42nd
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST	
15. John George		16. Elizabeth Russell	
INFORMANT—NAME		MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	
17. Mrs. Mildred Kurz		17b. 6501 E. 56th St. Kansas City, Missouri	

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

**DECEASED**

**PARENTS**

**CAUSE**

**CERTIFIER**

**BURIAL**

PART I. DEATH WAS CAUSED BY:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE			
(a) Pneumonitis			15 Days
DUE TO, OR AS A CONSEQUENCE OF:			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST			
(b) DUE TO, OR AS A CONSEQUENCE OF:			
(c)			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)
Generalized arteriosclerosis			19a. No
IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH			19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)
20a.	20b.	20c.	20d.
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)	IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20e.	20f.	20g.	20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN
CERTIFICATION—PHYSICIAN:	MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON MONTH DAY YEAR
21a. I ATTENDED THE DECEASED FROM	May 72	TO May 26 72	21c. May 26 '72
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.	HOUR OF DEATH	THE DECEASED WAS PRONOUNCED DEAD	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
22a.	22b.	22c.	22d.
CERTIFIER—NAME (TYPE OR PRINT)	SIGNATURE	DEGREE OF TITLE	DATE SIGNED (MONTH, DAY, YEAR)
23a. DANIEL LAUER	23b. Daniel Lauer	23c. MD	23d. 27 May 72
MAILING ADDRESS—CERTIFIER	STREET OR R.F.D. NO.	CITY OR TOWN	STATE
23a.	23b. 7320 Womall Rd.	23c. Kansas City	23d. Mo 64111
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME	LOCATION	CITY OR TOWN STATE
24a. Burial	24b. California Cemetery	24c. California, Missouri	
DATE (MONTH, DAY, YEAR)	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	25a. D.W. Newcomer's Sons, 1331 Brushcreek, KCMO	
24d. May 30 1972	25b. FUNERAL DIRECTOR—SIGNATURE		25c. REGISTRAR—SIGNATURE
24e. [Signature]	25b. [Signature]	25c. [Signature]	25d. DATE RECEIVED BY LOCAL REGISTRAR
			25d. 5/29/72

9. 29  
10a. 29  
10b. 095  
11. 22201  
12. 22201  
13. 0026406  
14.  
15. 486X  
16.  
17.  
18.  
19. CREDITS  
20.

610087

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Dr. Daniel Lauer  
#240  
4320 Wornall Road

531 2020

*St Lukes Hospital*

**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 *Robert Ray*

Licensed Embalmer No. 4182

P. O. Address K.C., Mo.

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.