

S. No. 2
 M-542
 v. 5-17-39
 X32873

39798

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JAN 11 1943

4936

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. _____

1. PLACE OF DEATH: Jackson
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 623 Euclid
(If not in hospital or institution, give number or location)
 (d) Length of stay: In hospital or institution 57 weeks
(Specify whether in hospital or institution)
 In this community 57 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 3531 E. 6th St.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ZCRADO ELBA KETTERING
 (b) If veteran, name war No
 (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 29
 year 1942 hour 9 minute _____ A. M.
 21. I hereby certify that I attended the deceased from Dec 15th
1942 to Dec 28th 1942
 that I last saw her alive on Dec 28th 1942
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 (b) Name of husband or wife David E.
 (c) Age of husband or wife if alive _____ years

Immediate cause of death Pneumonia (Lobar) Duration 7 day

8. AGE: Years 90 Months 1 Days 7
 If less than one day _____ hr. _____ min.

Due to complication of old TB
to kidney 108

9. Birthplace Martinsville, Illinois
(City, town, or county) (State or foreign country)

Other conditions Hypertension & hypercholesterolemia
(Include pregnancy within 9 months of death)

10. Usual occupation Homemaker

Major findings: _____
 Of operations _____
 Of autopsy _____
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

11. Industry or business None
 12. Name John Miller
 13. Birthplace Scotland 4
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Helen
 (b) Address 3414 G St

17. (a) Burial (b) Date thereof Dec. 31, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation Mt. Washington Cemetery

(e) Means of injury _____
 While at work? _____

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.
 (b) Address Kansas City, Mo

23. Signature [Signature] (M. D. or other) _____
 Address 2105 Independence Date signed 12/29/42

19. (a) 12-31-42 (b) M. W. Crown
(Date received local registrar) (Registrar's signature)

510383

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *H. D. Beckman*.....
Licensed Embalmer No. *3639*.....
P. O. Address..... *RC 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 this body is not embalmed, fact should be so stated above.