

FILED FEB 25 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(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:  
1423 Summit  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
Life (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Franklin Ade

3. (b) If veteran, name war None 3. (c) Social Security No. 509-09-0049

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Edna E. Ade 6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased January 2, 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
41 0 29 hr. min.

9. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet Metal Worker

11. Industry or business Eudora, Kansas

12. Name Charles Ade

13. Birthplace Kansas City Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Minnie Darwell

15. Birthplace No Record Penn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Edna E. Ade

(b) Address 1423 Summit

17. (a) Burial (b) Date thereof 2/4/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director Guth Funeral Home

(b) Address 1901 Olathe Blvd.

19. (a) 1-2-43 (b) W M Crow  
(Date received local registrar) (Registrar's signature)

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. 1423 Summit  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 1st  
year 1943 hour 7 minute 40 A.M.

21. I hereby certify that I attended the deceased from Jan. 27, 1943 19... to Feb. 1, 19...  
that I last saw him alive on Feb. 1, 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Lobar pneumonia

Due to.....

Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....

Of autopsy..... X

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)..... X  
(b) Date of occurrence..... X  
(c) Where did injury occur?..... X  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature W M Crow (M. D. or other)  
Address 2045 Broadway Date signed 2-2-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

361

Mr. Jarnell  
R.

5045 Broadway

---

---

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.....

*W. L. Ward*

Licensed Embalmer No..... 3991

P. O. Address..... 309 E 67 St

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.)

*W. L. Ward*

If this body is not embalmed, fact should be so stated above.