

S. No. 2
M-5-42
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30595

State File No. _____

FILED SEP 21 1949

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3891

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location) 1 da.
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community _____ 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. 4124 Mc Gee (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Kenneth Herbert Atwell

3. (b) If veteran, name war 220 3. (c) Social Security No. None

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced. N.B.

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 8 1943
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 1 If less than one day _____ hr. 19 min.

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

10. Usual occupation N.B.

11. Industry or business _____

12. Name Herbert Kenneth Atwell

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

14. Maiden name Elizabeth Myra Cook

15. Birthplace Kenosha Wisconsin
(City, town, or county) (State or foreign country)

16. (a) Informant Herbert K. Atwell
(b) Address 4124 Mc Gee, K.C. Mo.

17. (a) Burial (b) Date thereof 9-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Stine & Mc Clell
(b) Address 3235 Gillham
19. (a) 9-10-43 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day ninth
year 1943 hour 7:30 minute 9 A. M.
21. I hereby certify that I attended the deceased from September 8
1943 to September 9 1943
that I last saw him alive on September 8 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Central Hemorrhage

Due to _____
160e

Due to _____
alcoholic

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

Major findings: Of operations _____

Of autopsy yes

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

23. Signature H. M. Kelly (M. D. or other) _____
Address 1624 Prof Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....

Licensed Embalmer No.....

P. O. Address.....

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.