. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16107

State File No. .....

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2307

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~~: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 3-DAYS (Specify whether
In this community 6 YEARS 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. 4143 TRACY AVENUE
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME MRS VEDA KERR HUDSON WALLACE

3. (b) If veteran, name war NO

3. (c) Social Security No. 496-01-5737

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband ~~or wife~~ S 2/C KENNETH EARL WALLACE

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased JULY (Month) - 9 (Day) - 1918 (Year)

8. AGE:

Years	Months	Days	If less than one day
26	10	19	..... hr. ..... min.

9. Birthplace WINDSOR (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation EMPLOYEE - SUPT. OF MAILS DEPT.

11. Industry or business U. S. MAIN POST OFFICE

FATHER
12. Name RUSSELL G. KERR
13. Birthplace WINDSOR (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name DOROTHY BRYAN
15. Birthplace WARSAW (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant S 2/C KENNETH EARL WALLACE
(b) Address 4143 TRACY AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY-28-1945 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ WINDSOR MISSOURI

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 5-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 28TH year 1945 hour 12 minute 40 P. M.

21. I hereby certify that I attended the deceased from May 24th, 1945, to May 28, 1945; that I last saw her alive on May 28th, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Paralytic Ileus	2 days
acute Peritonitis	2 days
Due to Following Child Birth full term pregnancy	
Due to	
Other conditions — (Include pregnancy within 3 months of death)	
Major findings: Of operations —	
Of autopsy —	

122 lb

PHYSICIAN

Underline the cause to which death should be charged statistically.

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? —
(Specify type of place)

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

23. Signature Dr. Joseph Getelson (M. D. or other) M.D.
Address 1219 Realty Bldg Date signed 5-28-45

(Licensed Embalmer's Statement on Reverse Side)

1/20 Pratts Bldg.
3.6

JUN 16 1945

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 C Newcomer Jr

Licensed Embalmer No. 4043

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