

S. No. 2
M-5-43
7-5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF REGISTRATION
FILED MAY 6 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13210
1864
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: 3649 PENNSYLVANIA AVENUE
(d) Length of stay: In hospital or institution
In this community LIFE TIME

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 3
(d) Street No. 3649 PENNSYLVANIA AVE 3
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME MRS. VERNA L. KILLEN
(b) If veteran, name war NO
(c) Social Security No. NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month APRIL day 20
year 1946 hour 6:15 minute 15 P.M.
21. I hereby certify that I attended the deceased from 2-1 1946 to 4-20 1946
that I last saw her alive on 4-20 1946
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE
6. (b) Name of husband or wife MR. CHARLES KILLEN
6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased FEBRUARY 6 1873

Immediate cause of death: Carcinoma of stomach with pyloric obstruction + metastasis to liver & other organs
Duration: 46 1/2
Other conditions: (Include pregnancy within 3 months of death)
Major findings: no operation
Of autopsy: no autopsy
PHYSICIAN: Underline the cause to which death should be charged statistically.

8. AGE: Years 73 72 Months 2 Days 14 If less than one day hr. min.

9. Birthplace SHEPP CITY MISSOURI

10. Usual occupation OWNER & OPERATOR

11. Industry or business RETIRED

12. Name EZRA RHOADS
13. Birthplace NEW YORK

14. Maiden name ARLENE COE
15. Birthplace NEW YORK

16. (a) Informant Mr. Robert Killen
(b) Address 3649 Pennsylvania Ave

17. (a) CREMATION (b) Date thereof APR. 22 1946
(c) Place: burial or cremation D.W. NEWCOMER'S SOBS

18. (a) Signature of funeral director W. G. Newcomer's Sons
(b) Address 1401 Bush Creek Blvd.

19. (a) 4-22-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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?
(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 Paul F. Hunt (M. D. or other)
Address 16120 N. 132nd Date signed 4-21-46

(Licensed Embalmer's Statement on Reverse Side) R.E. W.D.

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

1016

5921 Grand

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 Ernie M. Calhoun
Licensed Embalmer No. 3506
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.