S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41767
Registrar's No. 5399

Registration District No. 149
Primary Registration District No. 1001

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: WEST END HOTEL - 1619 GENESEE ST. (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community LIFE 3 years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY 38 (If outside city or town limits, write "RURAL")
(d) Street No. 3606 PENNSYLVANIA AVENUE (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------

3. (a) PRINT FULL NAME MR. IRVEN T. LETSON
3. (b) If veteran, name war No
3. (c) Social Security No. 120-01-3503
4. Sex MALE 1
5. Color or race WHITE
6. (a) Single, widowed, ~~married~~, ~~divorced~~ WIDOWED 2
6. (b) Name of ~~husband~~ or wife MRS. GRACE TAYLOR LETSON
6. (c) Age of husband or wife if alive ------ years
7. Birth date of deceased OCTOBER 4 1901 (Month) (Day) (Year)

8. AGE: Years 46 | Months 2 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace KANSAS CITY (City, town, or county) KANSAS (State or foreign country)
10. Usual occupation WELDER
11. Industry or business STEWART SAND COMPANY
FATHER
12. Name EDWIN T. LETSON
13. Birthplace HORTON (City, town, or county) KANSAS (State or foreign country)
MOTHER
14. Maiden name MAUDE B. ZANE
15. Birthplace UNKNOWN (City, town, or county) OKLAHOMA (State or foreign country)
16. (a) Informant MR. IRVING V. AHERN
(b) Address 5712 WOODLAND AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 12-23-47 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ FOREST HILL CEMETERY
18. (a) Signature of funeral director D. A. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 12-23-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 20TH year 1947 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from Crown 19..., to ..., 19...; that I last saw h..... alive on ..., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Gun shot wound of head	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations 164 C	
Of autopsy no History & Inspection	

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) suicide.
(b) Date of occurrence 12-20-47
(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place 3 (Specify type of place)
While at work? no (e) Means of injury 38 Pistol
23. Signature James C. Walker (M. D. ~~or other~~) Crown
Address 1424 [illegible] Date signed 12-20-47

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address K. C. 4 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.