S. No. 300
M—10-47
v. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 15 1949

Registration District No. 1419

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40406

Registrar's No. 5278

**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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mos. 13 days
In this community 5 years (Specify whether 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.: 1221 Cherry
(If rural, give location)

(e) Citizen of foreign country? unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Burt Wells

3. (b) If veteran, name war: None

3. (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: No Information (Month) (Day) (Year)

8. AGE: Years: About 73 | Months | Days | If less than one day: hr. min.

9. Birthplace: No information (City, town, or county) (State or foreign country)

10. Usual occupation: Painter

11. Industry or business: Painting

MOTHER FATHER

12. Name: No Information

13. Birthplace: No information (City, town, or county) (State or foreign country)

14. Maiden name: No information

15. Birthplace: No Information (City, town, or county) (State or foreign country)

16. (a) Informant: Edward W. Lewis

(b) Address: 1221 Cherry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-~~28~~-48 (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn Cemetery

18. (a) Signature of funeral director: Mrs. C. L. Forster

(b) Address: Kansas City, Missouri.

19. (a) 12-27-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 26 year 1948 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 13, 1948, to Dec. 26, 1948 that I last saw him alive on Dec. 26, 1948 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Carcinoma of stomach with metastases | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy: None

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: Wm. W. Hart (M. D. or other)

Address: Med. Dir. Gen'l Hosp. Date signed: 12-27-48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Scott

**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 Joe B. Yoder

Licensed Embalmer No. 4173

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.**