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M-10-47  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

40407

State File No. \_\_\_\_\_

FILED JAN 8 1949

5208

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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. JOSEPH HOSPITAL  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 DAYS (Specify whether years, months or days)

In this community 60 YEARS

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. 2835 CAMPBELL STREET  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISS ZENNIE WELLS

3. (b) If veteran, name war No

3. (c) Social Security No. NOVE

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month DECEMBER day 20<sup>TH</sup>  
year 1948 hour 1 minute 50 P.M.

21. I hereby certify that I attended the deceased from Dec 14, 1948, to Dec 20, 1948  
that I last saw her alive on Dec 20, 1948  
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, SINGLE

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

7. Birth date of deceased AUGUST 5 (Month) (Day) (Year) 1878

Immediate cause of death Extensive metastatic Carcinoma (Sarcoma) of right lung Duration 2 yrs

Due to Primary Scirrhous Carcinoma of right breast (amputated 4 yrs ago)

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

8. AGE: Years 70 Months 4 Days 15 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace PONTIAC ILLINOIS  
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED 6 MONTHS - TEACHER

11. Industry or business SEVEN OAKS SCHOOL

12. Name DAVID L. WELLS

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

14. Maiden name WILMET SMITH

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

16. (a) Informant MISS BESSIE WELLS

(b) Address 2835 CAMPBELL STREET

17. (a) BURIAL (b) Date thereof DEC 22 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director J. Harvey Jennett  
(b) Address 1401 BUSH CREED 13 LYO.

19. (a) 12-22-48 (b) Heraldine Holman  
(Date received local registrar) (Registrar's signature)

Major findings: 50

Of operations none

Of autopsy Same as above

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) none

(b) Date of occurrence none

(c) Where did injury occur? none  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none  
J. Harvey Jennett (Specify type of place) none  
While at work? none (e) Means of injury \_\_\_\_\_

Signature J. Harvey Jennett (M. D. or other) MD  
Address 424 Professional Bldg Date signed 12-21-48

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

Kansas City, Mo

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**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 W.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.**