

FILED MAY 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15971

State File No. 2030

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) WIFE		d. STREET ADDRESS (If rural, give location) 2103 EAST 74 <sup>TH</sup> STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2103 EAST 74 <sup>TH</sup> STREET			

3. NAME OF DECEASED (Type or Print)	a. (First) JACK	b. (Middle) WILLIAM	c. (Last) KETTLER	4. DATE OF DEATH (Month) (Day) (Year) MAY-6-1949
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JUNE-14-1903	9. AGE (In years last birthday) 45 YRS	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERVICE MANAGER	10b. KIND OF BUSINESS OR INDUSTRY JACKSON MOTORS CO	11. BIRTHPLACE (State or foreign country) KANSAS CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME CHRIS W. KETTLER	13b. MOTHER'S MAIDEN NAME KATIE STORTZ	14. NAME OF HUSBAND OR WIFE HELEN L. KETTLER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 486-09-6376	17. INFORMANT'S SIGNATURE OR NAME HELEN L. KETTLER	ADDRESS 2103 EAST 74 <sup>TH</sup> STREET KANSAS CITY, MO.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma of lung  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 102X  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Metastatic carcinoma of brain		INTERVAL BETWEEN ONSET AND DEATH 6 months  6 months
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of brain	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 12, 1948, to May 6, 1949, that I last saw the deceased alive on April 29, 1949, and that death occurred at 2:00 P.m., from the causes and on the date stated above.

23a. SIGNATURE William P. Williamson (Degree or title) William P. Williamson M.D.	23b. ADDRESS 411 Alameda Rd. Kansas City, Missouri	23c. DATE SIGNED 5-7-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-9-49	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) K.C. Mo.
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DATE REC'D BY LOCAL REG. 5-9-49	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D.W. Newcomer's Sons 1731 BRUSH CREEK BLVD KANSAS CITY, MO.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

31109

G. M.

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *A. P. Nofsinger* \_\_\_\_\_

Licensed Embalmer No. *3938* \_\_\_\_\_

P. O. Address *Kansas City* \_\_\_\_\_

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.