

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26934

3316

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 3316	
1. PLACE OF DEATH a. COUNTY JACKSON b. CITY OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 8 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION GENERAL HOSPITAL #2 D				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY d. STREET ADDRESS (If rural, give location) 1508 Forest Avenue ; Apt. 4			
3. NAME OF DECEASED (Type or Print) TH EODORE a. (First) b. (Middle) c. (Last) KELO			4. DATE OF DEATH JULY 26 1949 (Month) (Day) (Year)				
5. SEX MALE 2		6. COLOR OR RACE NEGRO		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE 17		8. DATE OF BIRTH OCTOBER 16 1908	
9. AGE (In years last birthday) 40		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DISH WASHER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) PRESCOTT, ARKANSAS	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME ANDREW KELO		13b. MOTHER'S MAIDEN NAME JOSIE		14. NAME OF HUSBAND OR WIFE	
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. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ALBERTA WALKER 1508 Forest Avenue			
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) (1) PARENCHYMATITIS DEGENERATION OF HEART, KIDNEY AND LIVER (2) ACUTE & CHRONIC PULMONARY EDEMA & CONGESTION ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) (c) acute dilatation of heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 434/5				20. ALTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 7/11/1949 to 7/26/1949, that I last saw the deceased alive on 7/25/1949, and that death occurred at 2:05A. m., from the causes and on the date stated above.							
23a. SIGNATURE OF Frank Ellis (Degree or title)				23b. ADDRESS 600. East 22nd Street		23c. DATE SIGNED 7/26/49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE July -30-1949		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) N. C. Kansas	
DATE REC'D BY LOCAL REG. 8-1-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FEDERAL DIRECTOR'S SIGNATURE Nathan W. Thaton		ADDRESS 1520 N. 5th St. K.C. Mo.	

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

Buhler
Dr. Bent

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 *Nathan W. Thorton*

Licensed Embalmer No. *2700*

P. O. Address *1520 N 5th St Kc*

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.