

FILED NOV 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **33891**  
**4519**

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

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>                          |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <b>California</b> b. COUNTY <b>Contra Costa</b> |  |
| b. CITY OR TOWN <b>Kansas City</b>                                     |  | c. CITY OR TOWN <b>Richmond</b>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital (1)</b> |  | d. STREET ADDRESS (If rural, give location) <b>125 Western Drive</b>  |  |

|  |                              |                       |   |
|--|------------------------------|-----------------------|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Valeria</b> | b. (Middle) <b>Tracewell</b> | c. (Last) <b>Kaun</b> | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Oct. 22, 1949</b> |
|--|------------------------------|-----------------------|---|

|                      |                               |   |                                |   |                             |                            |
|----------------------|-------------------------------|---|--------------------------------|---|-----------------------------|----------------------------|
| 5. SEX <b>Female</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b> | 8. DATE OF BIRTH <b>2-1-90</b> | 9. AGE (In years last birthday) <b>59</b> | IF UNDER 1 YEAR Months Days | IF UNDER 2 HRS. Hours Min. |
|----------------------|-------------------------------|---|--------------------------------|---|-----------------------------|----------------------------|

|  |                                   |   |  |
|--|-----------------------------------|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <b>Unknown Kansas</b> | 12. CITIZENRY OF WHAT COUNTRY? <b>U.S.A.</b> |
|--|-----------------------------------|---|--|

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>Edward M. Tracewell</b> | 13b. MOTHER'S MAIDEN NAME <b>Alice Greene</b> | 14. NAME OF HUSBAND OR WIFE <b>Alexander S. Kaun</b> |
|---|---|--|

|   |  |                                     |  |                             |
|---|--|-------------------------------------|--|-----------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <b>none</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Edward M. Tracewell</b> | ADDRESS <b>7419 Mercier</b> |
|---|--|-------------------------------------|--|-----------------------------|

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))<br><br><i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH <b>Two years</b> |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the colon</b>  |  |   |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Secondary to mesonephroma of ovary</b><br>DUE TO (c) |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <b>153X</b>  |   |  |   |

|  |   |   |
|--|---|---|
| 19a. DATE OF OPERATION <b>10-15-49</b> | 19b. MAJOR FINDINGS OF OPERATION <b>Malignancy of colon and small intestine</b> | 20. AUTOPSY? YES <input 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 July 12, 1949 to October 21, 1949, that I last saw the deceased alive on October 21, 1949, and that death occurred at 2:30 A. m., from the causes and on the date stated above.

|  |  |                                  |
|--|--|----------------------------------|
| 23a. SIGNATURE <b>Edgar Wirden</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>1103 Grand Ave., Kansas City, Missouri</b> | 23c. DATE SIGNED <b>10-22-49</b> |
|--|--|----------------------------------|

|  |                           |   |  |
|--|---------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b> | 24b. DATE <b>10-24-49</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>Elmwood</b> | 24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b> |
|--|---------------------------|---|--|

|  |  |  |                                      |
|--|--|--|--------------------------------------|
| DATE REC'D BY LOCAL REG. <b>10-22-49</b> | REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Freeman Mortuary</b> | ADDRESS <b>Kansas City, Missouri</b> |
|--|--|--|--------------------------------------|

(Licensed Embalmer's Statement on Reverse Side)

No. 300  
 10-48  
 8332  
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SI Joseph Ho...

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 Willis H. Bennett

Licensed Embalmer No. 4438

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI  
BUREAU OF VITAL STATISTICS

State File No. 33891

State of Mo.  
County of Jackson } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 4519-49

On this 7<sup>th</sup> day of December, 1949, before me appears Edward M. Trappwell, who, upon his oath, states that the original record of <sup>birth</sup> death for Valeria Trappwell, Kansas died October 22, 1949, in the State of Missouri, and which was filed at Kansas City on 10-22, 1949, should be corrected as follows:

Item No. .... should read .....

Instead of .....

Item No. 7.d should read 175 Western Drive

Instead of .....

Item No. 11 should read Columbus Kansas

Instead of unknown

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

Item No. .... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant: Edward M. Trappwell  
Edward M. Trappwell (Brother)  
Relationship: inf.

7419 Mercier St.  
K. C. Mo. Present Address.

Subscribed and sworn to before me this 7<sup>th</sup> day of December, 1949.

My Commission expires Oct. 21, 1951 Barrie M. Ruppelius Notary Public.

