

FILED OCT 14 1950

STANDARD CERTIFICATE OF DEATH

State File No. 4072

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 4072	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson 3127			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City - 0		c. LENGTH OF STAY (In this place) 10 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		120	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				d. STREET ADDRESS (If rural, give location) Crosby Hotel 9th. & Baltimore			
3. NAME OF DECEASED (Type or Print) a. (First) Kenneth		b. (Middle) D.		c. (Last) Kells		4. DATE OF DEATH (Month) (Day) (Year) 9 - 25 - 1950	
5. SEX M		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH 5 - 23 - 96	
9. AGE (In years last birthday) 54		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hotel clerk		11. BIRTHPLACE (State or foreign country) Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ed Kells		13b. MOTHER'S MAIDEN NAME Myrtle Adelia Loren		14. NAME OF HUSBAND OR WIFE Emily Wells Kells			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.I.		16. SOCIAL SECURITY NO. 512-14-0613		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. L. H. Quillen, Jr., 1622 Arkansas, Wichita, KS.			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Alcoholism - clinical ANTECEDENT CAUSES DUE TO (b) Delirium tremens Cerebral edema DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 7 days 307-X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? 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 9 - 18, 19 50, to 9 - 25, 19 50, that I last saw the deceased alive on 9 - 25, 19 50, and that death occurred at 1:55P m., from the causes and on the date stated above.							
23a. SIGNATURE L.H. Stratemeier Jr (Degree or title) L.H. Stratemeier Jr MD				23b. ADDRESS Med. Dir. General Hospital No. 1		23c. DATE SIGNED 9-25-1950	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 9/25/50		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) Ft. Scott, Kansas	
DATE REC'D BY LOCAL REG. 9-26-50		REGISTRAR'S SIGNATURE Deraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS STINE & McCLURE, Kansas City, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0961 4 180

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Joseph McCarthy*
Licensed Embalmer No. *H. K. F. F.*

P. O. Address *K. E. M.*

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.