

FILED NOV 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33434

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4432

1. PLACE OF DEATH

a. COUNTY  
**JACKSON**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN  
**KANSAS CITY**

c. LENGTH OF STAY (In this place)  
**1 yr.**

d. FULL NAME OF HOSPITAL OR INSTITUTION  
**GENERAL HOSPITAL #2**

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)  
**2415 East 11 th Street**

3. NAME OF DECEASED

a. (First)  
**DEZZIE**

b. (Middle)

c. (Last)  
**BLED SOE**

4. DATE OF DEATH (Month) (Day) (Year)  
**OCTOBER 16 1950**

5. SEX  
**MALE**

6. COLOR OR RACE  
**NEGRO**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
**MARRIED**

8. DATE OF BIRTH  
**OCTOBER 16 1888**

9. AGE (In years last birthday)  
**62**

IF UNDER 1 YEAR Months Days  
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
**AT HOME**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**MISSOURI**

12. CITIZEN OF WHAT COUNTRY?  
**U. S.**

13a. FATHER'S NAME  
**GREEN BLED SOE**

13b. MOTHER'S MAIDEN NAME  
**MARTHA CARTER**

14. NAME OF HUSBAND OR WIFE  
**BEULAH BLED SOE**

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.  
**513-09-3115**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**BEULAH BLED SOE 2415 East 11th Street**

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) **CHRONIC PYELONEPHRITIS**

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) \_\_\_\_\_

DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**NEPHROGENIC ANEMIA**

INTERVAL BETWEEN ONSET AND DEATH  
**6000**

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-2- 19 50 to 10-16, 1950, that I last saw the deceased alive on 10-16, 1950, and that death occurred at 10:45 A. m., from the causes and on the date stated above.

23a. SIGNATURE  
**Frank Ellis MD**

23b. ADDRESS  
**600 East 22nd Street**

23c. DATE SIGNED  
**10-19-50**

24a. BURIAL, CREMATION, REMOVAL (Specify)  
**Removal**

24b. DATE  
**10-21-50**

24c. NAME OF CEMETERY OR CREMATORY  
**Maple Hill Cemetery**

24d. LOCATION (City, town, or county) (State)  
**Kansas City, Kansas**

DATE REC'D BY LOCAL REG.  
**10-21-50**

REGISTRAR'S SIGNATURE  
**Seraldine Holmes**

FEDERAL DIRECTOR'S SIGNATURE  
**Matthew W. Kelly**

ADDRESS  
**K.C.K.**

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

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

*William W. Kattin*

Signed.....

Student Embalmer

Licensed Embalmer No. *2700*

P. O. Address *K.L.F.*

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.