

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED NOV 4 1950

State File No. **33661**

BIRTH NO. 65658-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4381

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)  
**5 min**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)  
**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)  
**2508 East 10th Street**

3. NAME OF DECEASED

a. (First)  
**WILLIE**

b. (Middle)

c. (Last)  
**PEACE, JR.**

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

5. SEX  
**MALE**

6. COLOR OR RACE  
**NEGRO**

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

8. DATE OF BIRTH  
**OCTOBER 4 1950**

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months Days IF UNDER 1 MIN. Hours Mins.  
**1 5**

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

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
**KANSAS CITY, MISSOURI**

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

13a. FATHER'S NAME  
**WILLIE PEACE, SR.**

13b. MOTHER'S MAIDEN NAME  
**GERALDINE HELEN CANNON**

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.  
**none**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
**GERALDINE HELEN PEACE 2508 E. 10th Street**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **PULMONARY ATELECTASIS**

INTERVAL BETWEEN ONSET AND DEATH  
**76-0**

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.

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) (Min)

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 10-4- 1950, to 10-4- 1950 that I last saw the deceased alive on 10-4- 1950, and that death occurred at 2:15 P m., from the causes and on the date stated above.

23. SIGNATURE OF Frank Ellis MD (Degree or title) 23b. ADDRESS **600 East 22nd Street** 23c. DATE SIGNED **10-12-50**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Oct-13-50** 24c. NAME OF CEMETERY OR CREMATORY **Leeds Cemetery Kansas City Jackson MO** 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. **10-16-50** REGISTRAR'S SIGNATURE **Geraldine Holmes** 25. FUNERAL DIRECTOR'S SIGNATURE **W.C. Moore** ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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.....

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

*M. A. Schuyler*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

*3089*

P. O. Address.....

*K. E. 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.