

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8892

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 920

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital | | d. STREET ADDRESS (If rural, give location) 3111 Brooklyn Avenue | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) Thelma | b. (Middle) K. | c. (Last) WESSLEY | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1951 |
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|-------------------------|----------------------------------|--|-------------------------------------|---|
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married | 8. DATE OF BIRTH 10-29-23 | 9. AGE (In years last birthday) Months Days Hours Min. 27 |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerical work | 10b. KIND OF BUSINESS OR INDUSTRY Hartford Ins. Co. | 11. BIRTHPLACE (State or foreign country) Kansas City, Missouri | 12. CITIZENRY OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Roy Wessley | 13b. MOTHER'S MAIDEN NAME Rena Corum | 14. NAME OF HUSBAND OR WIFE — |
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| 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. 499-14-3120 | 17. INFORMANT'S SIGNATURE OR NAME Mr. Roy Wessley, 3111 Brooklyn, KC, Mo. | ADDRESS KC, Mo. |
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| 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 | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute CARDIAC FAILURE. | | 3 wks |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatic Endocarditis MITRAL & AORTIC DUE TO (c) Confluent Bronchial Pneumonia | | 2 yrs |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | 3 DAYS |
| | | | HIX |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) None | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 12-16, 1950, to 2-27, 1951, that I last saw the deceased alive on 2-27, 1951, and that death occurred at 1:05 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE James W. Downey (Degree or title) James W. Downey M.D. | 23b. ADDRESS 800 ARSLEY-PL. K.C. Mo. | 23c. DATE SIGNED 2/28/51 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-2-51 | 24c. NAME OF CEMETERY OR CREMATORY Mount Moriah | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 2-28-51 | REGISTRAR'S SIGNATURE Geraldine Holmes | 25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar | ADDRESS Kansas City, Mo. |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

109. Geo. H. Kenney
800 Corporate Bldg.

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.....

Licensed Embalmer No. 2949

P. O. Address.....

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.