

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 23085
3101

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____	
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. LENGTH OF STAY (in this place) 13 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		3078	
d. FULL NAME OF HOSPITAL OR INSTITUTION 134 SOUTH CHELSEA				d. STREET ADDRESS (If rural, give location) 134 SOUTH CHELSEA 3078			
3. NAME OF DECEASED (Type or Print)		a. (First) STELLA		b. (Middle) EMILY		c. (Last) HOVERDER	
4. DATE OF DEATH		(Month) JULY		(Day) 20		(Year) 1951	
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JUN-29-1897	
9. AGE (In years last birthday) 54		IF UNDER 1 YEAR Months 1		IF UNDER 11 Wks. Days		IF UNDER 24 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) GRANPIN MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME ROBERT MITCHELL KENDALL		13b. MOTHER'S MAIDEN NAME JANE DELCOUR		14. NAME OF HUSBAND OR WIFE WALLACE P. HOVERDER SR.			
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. 500-22-4467		17. INFORMANT'S SIGNATURE OR NAME WALLACE P. HOVERDER SR. ADDRESS 134 SOUTH CHELSEA KANSAS CITY MO			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of larynx, Cancer of nasal sinuses MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES 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.				ju't	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:00 A.M., from the causes and on the date stated above.							
23a. SIGNATURE Sam W. Roberts M.D. (Degree or title)				23b. ADDRESS 1110 Professional Bldg. 15c.		23c. DATE SIGNED 7-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) 17 REMOVAL		24b. DATE JULY 21 1951		24c. NAME OF CEMETERY OR CREMATORY ZION CEMETERY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MISSOURI	
DATE REC'D BY LOCAL REG. 7-21-51		REGISTRAR'S SIGNATURE Geraldine Palmer		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newcomer		ADDRESS 1331. BROWN CREEK KANSAS CITY MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1955

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 Jess T. Dees

Licensed Embalmer No. 445-3

P. O. Address Kansas City

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.