

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8434**
1249

FILED MAR 29 1952

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	
c. LENGTH OF STAY (in this place) life		d. STREET ADDRESS (If rural, give location) 117 WEST 73RD. STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION 117 WEST 73RD. STREET		117 WEST 73RD. STREET	
3. NAME OF DECEASED (Type or Print) a. (First) IRENE b. (Middle) M. c. (Last) KETTNER			4. DATE OF DEATH 3-11-52
5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH 9-12-02
9. AGE (In years) 49 If under 1 year: Months _____ Days _____ If under 4 hrs: Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE		12. CITIZEN OF WHAT COUNTRY? USA	
10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri	
13a. FATHER'S NAME Clifton B. Sloan		13b. MOTHER'S MAIDEN NAME MINNIE S. LONG	
13c. NAME OF HUSBAND OR WIFE WILLIAM R. KETTNER		14. NAME OF HUSBAND OR WIFE WILLIAM R. KETTNER	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NONE		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT'S SIGNATURE OR NAME CLIFTON B. SLOAN		ADDRESS 9 13 Main St. K.C. Mo.	
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) gun shot wound of chest *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 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. 20. INTERVAL BETWEEN ONSET AND DEATH 29 1/2 19			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR gunshot wound			
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 _____ m., from the causes and on the date stated above.			
23a. SIGNATURE Geo. C. Kealhofer (Degree or title) Sup. Health Officer		23b. ADDRESS 4050 S. Woodbury Ave	
23c. DATE SIGNED 3-10-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-17-52	
24c. NAME OF CEMETERY OR CREMATORY Forest Hill		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.	
DATE REC'D BY LOCAL REG. 3-17-52		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE STINE & McCLURE		ADDRESS K.C., MO.	

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

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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 _____

J. H. Crowell
working under my personal supervision.

Student Embalmer No. 451

Student *J. H. Crowell*
Student Embalmer

Signed *J. P. Allen*
Licensed Embalmer No. 1413

P. O. Address K. C. 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.