.S. No. 300
EV. 10-48

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

FILED AUG 30 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27910

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO 1002 Registrar's No. 3667

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (In this place) 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) ELLISON HOTEL 300 W Armour Blvd

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City 34 78
d. STREET ADDRESS (If rural, give location) ELLISON HOTEL 300 W. Armour Blvd

3. NAME OF DECEASED (Type or Print) a. (First) Kathleen b. (Middle) c. (Last) Air

4. DATE OF DEATH (Month) (Day) (Year) August 15 - 1952

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH april - 24 - 1876
9. AGE (In years last birthday) 76 — 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 - RETIRED TEACHER
10b. KIND OF BUSINESS OR INDUSTRY COLLEGE OF MUSIC CHICAGO, ILLINOIS
11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Robert Air
13b. MOTHER'S MAIDEN NAME Doretta Hummel
14. NAME OF HUSBAND OR WIFE - - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) - - - - - - -
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S SIGNATURE OR NAME ROBERT D. AIR — ADDRESS 300 W. ARMOUR 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE — INTERVAL BETWEEN ONSET AND DEATH 10 DAYS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) HYPERTENVIVE CARDIOVASCULAR DISEASE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ARTERIOSCLEROSIS - GENERALIZED

442 X

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* 1947, 19__, *to* 8-15, 1952, *that I last saw the deceased alive on* 8-14-52, 19__, *and that death occurred at* 4:40 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE John H. Wheeler (Degree or title) A.D.O. MD
23b. ADDRESS 411 Nichols Road
23c. DATE SIGNED 8-17-52

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE AUG-18-1952
24c. NAME OF CEMETERY OR CREMATORY EVERGREEN CEMETERY
24d. LOCATION (City, town, or county) (State) NEWPORT, KENTUCKY

DATE REC'D BY LOCAL REG. 8-18-52
REGISTRAR'S SIGNATURE Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE D. W. Newcomer's Sons — ADDRESS 1331 Brush Creek Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

5650 Thomas Dr.

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 Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address Kansas City, 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.