

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44473**
5714

FILED JAN 17 1953

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	c. LENGTH OF STAY (in this place) <u>15 years</u>	c. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St Marys Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>19 E. 56th St. 3838</u>	

3. NAME OF DECEASED (Type or Print) <u>LENORA</u>	a. (First)	b. (Middle)	c. (Last) <u>CHANNELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>December 28 1952</u>
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>September 12 1871</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Weatherby, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>William F Rhoads</u>	13b. MOTHER'S MAIDEN NAME <u>Mary J. Woods</u>	14. NAME OF HUSBAND OR WIFE <u>John W. Channell</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss Josephine Channell</u>	ADDRESS <u>19 E. 56th St. 3838</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Heart Failure</u>			<u>3 yrs</u>
	DUE TO (c) <u>Hypertension</u>			<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</u>				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 7/18, 1950, to 12/28, 1952, that I last saw the deceased live on 12/28, 1952 and that death occurred at 3:10 P. m., from the causes and on the date stated above.

23. SIGNATURE <u>William B. Allen</u>	(As gross or title) <u>Allen</u>	23b. ADDRESS _____	23c. DATE SIGNED <u>12/29/52</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>Burial</u>	24b. DATE <u>Dec 31, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shambaugh-Cope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weatherby, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>12-29-52</u>	REGISTRAR'S SIGNATURE <u>Eveline Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbe Funeral Home</u>	ADDRESS <u>2315 Linwood</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr W. B. Allen
Prayer Time Book
Je 1225

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Chas. E. Weeks

Signed.....
Student Embalmer

Licensed Embalmer No. *9644*

P. O. Address *H. 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.