

FILED FEB 14 1953

STANDARD CERTIFICATE OF DEATH

State File No. 243
 Registrar's No. 243

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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>Dallas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Urbana</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4400 St. John</u>		d. STREET ADDRESS (If rural, give location) <u>IX</u>	

3. NAME OF DECEASED (Type or Print) (First) <u>FRANCES</u> (Middle) <u>Kester</u> (Last) <u>Kester</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 15 53</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>Oct. 18 1865</u>
9. AGE (In years last birthday) <u>87</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>Little Rock, Ark.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		14. NAME OF HUSBAND OR WIFE <u>Albert T. Kester</u>	

13a. FATHER'S NAME <u>Jerry Underwood</u>		13b. MOTHER'S MAIDEN NAME <u>No Data</u>		14. NAME OF HUSBAND OR WIFE <u>Albert T. Kester</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO.</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Wylie Kansas City, Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>		DUE TO (b) <u>Arteriosclerosis</u>		<u>244</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<u>242</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.)		_____		<u>4500</u>	

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 10-2-52, 1952, to 1-15-53, that I last saw the deceased alive on 1-15-53, 1953, and that death occurred at 7 am., from the causes and on the date stated above.

22a. SIGNATURE <u>Frank Paul Laurens</u> (Degree or title) _____		23b. ADDRESS <u>428 S. White Ave</u>		23c. DATE SIGNED <u>1-15-53</u>	
24a. BURIAL - CREMATION (Specify) _____		24b. DATE <u>Jan. 17 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hopewell Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Tunas, Missouri</u>		24e. _____		24f. _____	

DATE REC'D BY LOCAL REG. <u>1-16-53</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: <u>Simmons Funeral Home KCK</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Max E. Meyer

Licensed Embalmer No. 4555

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.