

B. No. 300 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8754

State File No.

BIRTH **FILED MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **969**

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

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 6 days	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 1926 North 24th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			
3. NAME OF DECEASED a. (First) George W. b. (Middle) Kernes c. (Last) Kernes		4. DATE OF DEATH (Month) (Day) (Year) 3/3/54	
5. SEX Male	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2-22-1893
9. AGE (In years last birthday) 61	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Car Inspector, American Refrigerator Co.	11. BIRTHPLACE (City and State or Foreign Country) Pueblo, Colo.	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Robert Kernes	13b. MOTHER'S MAIDEN NAME Malinda Jane Cardwell	14. NAME OF HUSBAND OR WIFE Wife, Mrs. Esther Kernes	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. I	16. SOCIAL SECURITY NO. 703-03-9651	17. INFORMANT'S SIGNATURE OR NAME Wife, Mrs. Esther Kernes, Kansas City, Kansas	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Chronic Pyelonephritis And aortic thrombosis II. OTHER SIGNIFICANT CONDITIONS Cerebral hemorrhage (old) Conditions contributing to the death but not related to the disease or condition causing death. and recent cerebral infarct	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? 1000' YES <input checked="" 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 7:20 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Angelo Lapi (Degree or title) MD		23b. ADDRESS 101 Memorial Drive	23c. DATE SIGNED 3/3/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-6-54	24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery, Kansas City, Kansas	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. 3-4-54	REGISTRAR'S SIGNATURE Gertrude Smith	25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Fulton, Kansas City, Kansas	

(Licensed Embellisher's Statement on Reverse Side)

MAR 25 1923

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 Ralph Fulton

Licensed Embalmer No. 3503

P. O. Address K. O. 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.