

FILED OCT 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30662**

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4212

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) Kansas City		c. CITY OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 20 yrs.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital DOA		e. STREET ADDRESS (If rural, give location) 4224 East 68th Terrace	
3. NAME OF DECEASED (Type or Print) a. (First) Bruce b. (Middle) G. c. (Last) KENTON		4. DATE OF DEATH (Month) (Day) (Year) Sept. 3, 1954	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 16, 1904
9. AGE (In years last birthday) 49		10. IF UNDER 1 YR.: Months 16 Days 16 Hours 16 Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ins. Broker	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Raymond, Illinois	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME James R. Kenton		13b. MOTHER'S MAIDEN NAME Mollie V. Rayburn	
14. NAME OF HUSBAND OR WIFE Mildred Kenton			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 500-28-2618	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Mildred Kenton		ADDRESS 4224 E. 68th Terr., KC. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular disease 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. _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH June 1950 443X	
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 <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 6/20/50 , 19____, to 9/3/54 , 19____, that I last saw the deceased alive on 9/3/54 , 19____, and that death occurred at 12:30 PM. , from the causes and on the date stated above.			
23a. SIGNATURE C. G. Leitch		23b. ADDRESS 1010 Puyallup KPM	
23c. DATE SIGNED 9/3/54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/4/54	
24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 9-3-54		REGISTRAR'S SIGNATURE Neva Minchall	
25. FUNERAL DIRECTOR'S SIGNATURE Melody-MoGilley-Eylar		ADDRESS Kansas City, Mo.	

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

Ken

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.....
Signature of Student Embalmer

Signed *Melvin Bortea*

Licensed Embalmer No. *490*

P. O. Address *AC*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.