

FILED JAN 20 1955

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43329

6037

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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 township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>60 YRS</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>MEMORAH HOSP.</u>				STREET ADDRESS (If rural, give location) <u>14 900-E. 11TH K.C. Mo 0</u>					
3. NAME OF DECEASED (Type or Print) <u>EMMA</u>			a. (First)		b. (Middle) <u>Wahler</u>		c. (Last)		
4. DATE OF DEATH		(Month) <u>12</u>		(Day) <u>31</u>		(Year) <u>54</u>			
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>SEPT. 5, 1892</u>		9. AGE (in years last birthday) <u>62 2/3</u>	
IF UNDER 1 YEAR Months		IF UNDER 2 YEARS Days		IF UNDER 4 HRS Hours		IF UNDER 15 MIN. Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>DODGE CITY, KS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>THOMAS E. BURGESS</u>			13b. MOTHER'S MAIDEN NAME <u>RACHEL SMITH</u>			14. NAME OF HUSBAND OR WIFE <u>PAUL DEAN WAHLER</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>RICHARD WAHLER</u>			ADDRESS <u>900-E-11 K.C. Mo</u>	
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Extensive metastatic carcinoma of particular involvement to lungs, liver, bone + lymph nodes</u>				INTERVAL BETWEEN ONSET AND DEATH <u>194X</u> <u>25 yrs</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Probably primary site in thyroid</u>					
				DUE TO (c) <u>Extensive old encephalomalacia, left cerebrum</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? 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 <u>12-20-</u> , 19 <u>54</u> , to <u>12-31-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>12-31-</u> , 19 <u>54</u> , and that death occurred at <u>11 45</u> A.M., from the causes and on the date stated above.									
23a. SIGNATURE <u>E. D. Petty</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>701 E 63d St. K.C. Mo</u>			23c. DATE SIGNED <u>1-2-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>JAN-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HIGHLAND PARK CEM</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KAN</u>			
DATE REC'D BY LOCAL REG. <u>1-1-55</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>D. G. Newsom</u>		ADDRESS <u>Southern Kansas City, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed... *Chester K Bowen*

Licensed Embalmer No. *49*

P. O. Address... *KE 7*

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.