

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4897

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1082 Registrar's No. 905

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. LENGTH OF STAY (In this place) 1 1/2 yrs.

c. CITY OR TOWN Kansas City
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Lindeman Nursing Home

e. STREET ADDRESS (If rural, give location) 5741 Charlotte

3. NAME OF DECEASED
a. (First) MARK b. (Middle) E (i.e.) c. (Last) KANNAL

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 27, 1955

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH Dec. 9, 1866

9. AGE (In years last birthday) 88 yrs.
If under 1 year: Months _____ Days _____
If under 12 hrs: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) painter&decorator

10b. KIND OF BUSINESS OR INDUSTRY job contract

11. BIRTHPLACE (City and State or Foreign Country) Indianapolis, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME unknown

13b. MOTHER'S MAIDEN NAME unknown

14. NAME OF HUSBAND OR WIFE Nellie Kannal (deceased)

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. unknown

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. Lucile Blake Kansas City, 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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Hypostatic
ANTECEDENT CAUSES
DUE TO (b) Hypertension Arteriosclerum
DUE TO (c) Osteoarthritis - Ben. Senescent
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malignancy - 3rd digit Rt. Lvs.

INTERVAL BETWEEN ONSET AND DEATH
15 yrs
10 yrs
3-7

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-8, 1951, to 2-27, 1955, that I last saw the deceased alive on 2-26, 1955, and that death occurred at 8:35 P.m., from the causes and on the date stated above.

23a. SIGNATURE Frank B. Leitz (Degree or title) M.D.

23b. ADDRESS 1530 Phipps Bldg Kansas City, Mo

23c. DATE SIGNED 2-28-55

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 3/1/55

24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cem.

24d. LOCATION (City, town, or county) (State) Kansas City, Ks.

DATE REC'D BY LOCAL REG. 2-28-55

REGISTRAR'S SIGNATURE Neva Marshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Geo. F. Porter & Sons Kansas City, Ks

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.....

Howard L. Porter

Licensed Embalmer No..3751

P. O. Address 19th & Main
Kansas City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.