

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1727

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 town) Kansas City	c. LENGTH OF STAY (in this place) 48 months	c. CITY OR TOWN Kansas City	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 General Hospital No. 1		STREET ADDRESS (If rural, give location) 1221 Broadway	

3. NAME OF DECEASED (Type or Print) a. (First) Ben	b. (Middle) H.	c. (Last) Kerns	4. DATE OF DEATH (Month) (Day) (Year) 4 17 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH 2/6/87	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk Hotel	10b. KIND OF BUSINESS OR INDUSTRY Hotel Clerk	11. BIRTH PLACE (City and State or Foreign Country) Plainville, KS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME David D. Kerns	13b. MOTHER'S MAIDEN NAME Lucy L. Brandell	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) NO	16. SOCIAL SECURITY NO. 509-01-0838	17. INFORMANT'S SIGNATURE OR NAME M^{rs} Michael Funeral Home	ADDRESS Topeka, KS
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aortic aneurysm	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) Hypertensive cardiovascular disease	443 X
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 14, 1955, to April 17, 1955, that I last saw the deceased alive on April 17, 1955, and that death occurred at 5 A. m., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) M.D.	23b. ADDRESS 24th & Cherry	23c. DATE SIGNED 4-18-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 4/19/55	24c. NAME OF CEMETERY OR CREMATORY Topeka, KS	24d. LOCATION (City, town, or county) (State) Topeka, KS
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DATE REC'D BY LOCAL REG. 4-19-55	REGISTRAR'S SIGNATURE Neval Minshall	25. FUNERAL DIRECTOR'S SIGNATURE Simmons	ADDRESS R. C. K.
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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.....
Signature of Student Embalmer

Signed *Donan K. James*

Licensed Embalmer No. *2187*

P. O. Address *K. E. J.*

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.