

FILED MAY 16 1955

STANDARD CERTIFICATE OF DEATH

State File No. 12052

1802

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1802

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 OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>45 years</u>		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 <u>5236 East 8th</u>		STREET ADDRESS (If rural, give location) <u>5236 E 8th</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>ALFRED</u>	b. (Middle) <u>George</u>	c. (Last) <u>MEADE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>April 23 1955</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, (WIDOWED, DIVORCED) <u>Married</u>	8. DATE OF BIRTH <u>October 10, 1892</u>	9. AGE (To years last birthday) <u>62</u>	IF UNDER 1 YEAR Months _____ Days _____	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) <u>Railroad Railway Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Rock Island</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Philadelphia Pa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>George Meade</u>	13b. MOTHER'S MAIDEN NAME <u>May Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Anna E. Meade</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>Yes World War I</u>	16. SOCIAL SECURITY NO. <u>708-14-2414</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna E. Meade</u>	ADDRESS <u>5236 E 8th</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumo-hydrothorax</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>5271</u>
	ANTECEDENT CAUSES DUE TO (b) <u>Emphysema of Both lungs</u>		
	Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>arteriosclerotic heart disease</u>		
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 checked="" type="checkbox"/> NO <input 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) m.	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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 2:57 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. C. Keelhofer</u> (Name or title)	23b. ADDRESS <u>6627 Park St Chicago</u>	23c. DATE SIGNED <u>4-23-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>April 24 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osawatimie Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Osawatimie Kansas</u>
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DATE REC'D BY LOCAL REG. <u>4-23-55</u>	REGISTRAR'S SIGNATURE <u>vera mitchell</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kilian Funeral Home</u>	ADDRESS <u>Osawatimie Kansas</u>
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(Licensed Embalmer's Statement on Reverse Side)

PAOLA, Kansas

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... *Chas E. Wilks* .....

Licensed Embalmer No. *264*  
P. O. Address *170 M*

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.