

FILED SEP 28 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29675

State File No. ....

|  |  |   |  |  |  |  |  |                             |
|--|--|---|--|--|--|--|--|-----------------------------|
| BIRTH NO. ....   |  | REG. DIST. NO. <u>149</u>   |  | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. <u>3982</u>  |  |                             |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Kansas</u><br>b. COUNTY <u>Wyandotte</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>6 Mos.</u>   |  | c. CITY OR TOWN <u>Kansas City</u>   |  | d. 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>5232 Paseo</u>  |  |   |  | STREET ADDRESS (If rural, give location) <u>2115 North 13th St.</u>  |  |  |  |                             |
| 3. NAME OF DECEASED<br>(Type or Print) a. (First) <u>ALFRED</u>  |  |   | b. (Middle) <u>KNAPP</u>                               |  | c. (Last) <u>CHALMERS</u>  |  | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 12, 1955</u>                              |                             |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>white</u>  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>   |  | 8. DATE OF BIRTH <u>June 10, 1878</u>  |  | 9. AGE (In years last birthday) <u>77</u>  | IF UNDER 1 YEAR Months Days  | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Conductor</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <u>Public Service Co.</u>   |  | 11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>   |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |  |                             |
| 13a. FATHER'S NAME <u>Thomas Chalmers</u>  |  |   | 13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Cheney</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Julie Chalmers</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 ADDRESS <u>A.B. Chalmers, 5232 Paseo, K.C. Mo.</u>   |  |  |  |                             |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.                                  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Fracture of skull</u><br><br>ANTECEDENT CAUSES: <u>none</u><br><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio-sclerotic heart disease</u> |   |  |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>1 day</u><br><br><u>89000</u><br><br><u>Years</u> |                             |
| 19a. DATE OF OPERATION _____   | 19b. MAJOR FINDINGS OF OPERATION _____   |   |  |  |  |  | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>         |                             |
| 21a. ACCIDENT (Specify) <u>Accident</u>  |  | 21b. PLACE OF INJURY (e.g., in or about home, factory, street, etc.) <u>about home</u>                            |  | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City, Jackson, Mo</u>  |  |  |  |                             |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Sept 11, 1955</u>   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> |  | 21f. HOW DID INJURY OCCUR? <u>Fell on steps</u>  |  |  |  |                             |
| 22. I hereby certify that I attended the deceased from <u>Sept 11, 1955</u> , to <u>Sept 12, 1955</u> , that I last saw the deceased alive on <u>Sept 11, 1955</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above. |  |   |  |  |  |  |  |                             |
| 23a. SIGNATURE <u>Robert Jansen</u> (Degree or title) <u>M.D.</u>  |  |   |  | 23b. ADDRESS <u>101 E 63rd St</u>  |  | 23c. DATE SIGNED <u>9-12-55</u>  |  |                             |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  |  | 24b. DATE <u>9/13/55</u>  | 24c. NAME OF CEMETERY OR CREMATORY <u>Mount Moriah</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> |  |  |                             |
| DATE REC'D BY LOCAL REG. <u>9-12-55</u>  |  | REGISTRAR'S SIGNATURE <u>Neva Marshall</u>  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STINE &amp; McCLURE UND. CO. K.C. MO.</u>  |  |  |  |                             |

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

Herbert Jansen  
101 E. 163 St  
Em. 2121

Epp 2:30

after 5:00

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 *Elmer D. Ijzeld*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.