

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1381

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 207

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) <u>Kansas City mo 30 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		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 <u>Trinity Lutheran Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>204 East 79th Street</u>	

3. NAME OF DECEASED a. (First) <u>Mrs. Jewell</u> b. (Middle) <u>Velma</u> c. (Last) <u>Kerr</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>January 15 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>June 26 1902</u>		9. AGE (In years last birthday) <u>53</u>		10. IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	
11. IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Fayetteville Arkansas</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>James Bell</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Bahaman</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel W Kerr</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>Samuel W Kerr 204 E. 79th Street</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Malignant Pulmonary Thromboembolism</u></u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 Min.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		2. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Appendectomy</u> DUE TO (c) <u>Acute appendicitis</u>	
3. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>55<sup>00</sup></u>			

19a. DATE OF OPERATION <u>Jan 11, 1956</u>		19b. MAJOR FINDINGS OF OPERATION <u>Acute fibrinous appendicitis</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>None</u>	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>	
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22. I hereby certify that I attended the deceased from Jan 11, 1956, to Jan 15, 1956, that I last saw the deceased alive on Jan 14, 1956, and that death occurred at 7:37 m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. H. Goodson, Jr. MD</u> (Degree or title)		23b. ADDRESS <u>730 Professional Bldg Kansas City, Mo</u>		23c. DATE SIGNED <u>Jan 15, 1956</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>1-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Bluff Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springdale Arkansas</u>	
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DATE REC'D BY LOCAL REG. <u>1-16-56</u>		REGISTRAR'S SIGNATURE <u>Neiva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
William H. Goodson, Jr., MD

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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 *Russell N. Fran*.....

Licensed Embalmer No. *42*.....

P. O. Address *K.C.*.....

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.