BIRTH NO. REG. DIST. NO. 49 PRIMARY REG. DIST. NO. 62 Registrar's No. 35A I. PLACE OF DEATH a. COUNTY Jackson D. CITY (it settled corporate limits, write RURAL and give converted limits and give converted limits and give converted limits of the deat	10,300	FILE FEB 1 7 1956 STANDARD CERTIFICATE OF DEATH State File N							2183
DOUBLE OF DEATH a. COUNTY Jackson b. CITY (If counted expresses limits, writer RURAL and deve. and property of the country o	10.48	BIRTH NO		_ REG. DIST	. no. <u>149</u>	_PRIMARY REG. DIST	. NO. 100		254
TOWN Kansas City township of the control of the con	RECORD	* COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before			
d. FILL NAME OF CIT sort is begind or insultation, strey spece agine or location (MSTITITION Queen Of The WOrld Hosp.) 3. NAME OF a. (First) b. (Middle) c. (Last) wall for the property of the control		OR township) STAY (in this place)				C. CITY d. Is Record of the control			sidence within limits of or incorporated town?
Composition		d. FULL NAME OF (If not in hospital or institution, give at cot address or location) HOSPITAL OR INSTITUTION Queen Of The				ADDRESS			3170
S. SEX 3 6. COLOR OR RACE MARRIED. NEVER MARRIED. S. DATE OF BIRTH S. DATE OF DEATH S. DATE OF DEATH S. DATE OF DEATH S. DATE OF BIRTH S. DATE OF DEATH S. DATE OF DEATH S. DATE OF DEATH S. DATE OF BIRTH S. DATE SIGNADURE S. DATE SI			-		:		4.	DATE (Month) OF DEATH Jan 23	
13a. FATHER'S NAME	IN								
13a. FATHER'S NAME	INE	Wig		WIDOWED	DIVORCED (Speediy)	last birthday)		last birthday) Months	
13a. FATHER'S MANE	: ERM	done during most of working life, even if retired)		10b. KIND C	OF BUSINESS OR IN- DUSTRY	11. BIRTHPLACE (City and State or Foreign County)		Foreign Country)	
James S. Allen Cornelia West Silas Wallace Silas Wallace	1	13a. FATHER'S NAME		136	. MOTHER'S MAIDE	N NAME	14. NAME	F HUSBAND OR WIF	E
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NOTE 18. CAUSE OF DEATH ROLL of services 19. MOTHER 19. MEDICAL CERTIFICATION 19. MEDICAL CERT	MAKE	James S. Allen		Co	rnelia West	ե	Silas		
B. CAUSE OF DEATH Inter (a), (b), and (c) This does not mean the mode of girng, such as the distribution of girng, such as the full transmit the distribution of girng source last. DUE TO (c) Arteriosclerosis Morbid conditions, if any, giring DUE TO (b) Arteriosclerosis Arterioscler				FORCES? 16.	SOCIAL SECURITY	17. INFORMANT'S SIGNATURE OR NAME			ADDRESS
B. CAUSE OF DEATH Inter (a), (b), and (c) This does not mean the mode of girng, such as the distribution of girng, such as the full transmit the distribution of girng source last. DUE TO (c) Arteriosclerosis Morbid conditions, if any, giring DUE TO (b) Arteriosclerosis Arterioscler		NO I							
**This does not mean the made of dying, such as heart fallure, authenia, sice to the above cause (a) stating the underlying cause last. **DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the direct or endition causing death. 19a. DATE OF OPERA. TION 21a. ACCIDENT SUICIDE HOMICIDE 17d. (Specity) 21d. TIME (Month) (Day) (Year) (Eour) 22d. Date or children or childr		Enter only one cause per 1. DISEASE OR CONDITION Enter only one cause per 1. DISEASE OR CONDITION Cerebral Thrombosis							ONSET AND DEATH
Conditions contributing to the death but not related to the disease or condition consisting death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20a. AUTOPSY? 19b. MAJOR FINDINGS OF OPERATION 21b. PLACE OF INJURY (e.g., in or about 19c. (CITY, TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 21c. (CITY, TOWN, OR TOWNSHIP) 19b. MAJOR FINDINGS OF OPERATION 19b. MAJOR FIND	PLAINTY WEING HYFADING BLACK						sis	•	
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22. I hereby certify that I attended the deceased from Jan. 11., 19.56, to Jan. 23., 19.56, that I last saw the deceased alive on Jan. 23., 19.56, and that depth occurred at 5:45 a.m., from the causes and on the date stated above. 23a. SIGNATURE 24a. BURFAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) 24d. LOCATION (City, town, or county) 25. FURERAL ASSETTOR'S SIGNATURE 25. FURERAL ASSETTOR'S SIGNATURE 26. ADDRESS 27. ADDRESS 28. ADDRESS 29. DATE SIGNATURE 21. ADDRESS 22. DATE SIGNED 24. LOCATION (City, town, or county) 25. FURERAL ASSETTOR'S SIGNATURE 26. ADDRESS 27. ADDRESS 28. ADDRESS 29. DATE SIGNATURE 29. DATE SIGNATURE 21. ADDRESS 20. DATE SIGNATURE 21. ADDRESS 22. DATE SIGNED 24. LOCATION (City, town, or county) 25. FURERAL ASSETTOR'S SIGNATURE 26. ADDRESS 27. DATE SIGNATURE 27. DATE SIGNATURE 28. DATE SIGNATURE 29. DATE SIGNATURE 29. DATE SIGNATURE 20. DATE SIGNATURE 21. DATE REC'D BY LOCAL 25. FURERAL ASSETTOR'S SIGNATURE 26. DATE SIGNATURE 27. DATE SIGNATURE 28. DATE SIGNATURE 29. DATE SIGNATURE 29. DATE SIGNATURE 21. DATE REC'D BY LOCAL 29. DATE SIGNATURE 21. DATE SIGNATURE 22. DATE SIGNATURE 24.		ease, injury, or complica-	see, injury, or complica-						-
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24a. BURHAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 1/27/156 Lincoln Cemetery Kansas City, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUMERAL SECTOR'S SIGNATURE ADDRESS 1/22 Vine		OF WHILEAT NOT WHILE							
24b. BURFAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) TION, REMOVAL (Specify) 1/27/156 Lincoln Cemetery Kansas City, Mo. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, 25. FUMERAL SECTOR'S SIGNATURE ADDRESS 1/22 Vine		22. I hereby certify that I attended the deceased from Jan. 11, 19 56, to Jan. 23, 1956, that I last saw the deceased alive on Jan. 23, 1956, and that death occurred at 5:45 a.m., from the causes and on the date stated above.							
24a. BURFAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State) Date County 1/27/56 Lincoln Cemetery Kansas City, Mo.				Due	(Degree ortitity)	23b. ADDRESS	4 Prospe	ct Avenue	23c. DATE SIGNED 1/24/56
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE, 1-2 5-56 Neva Munsfall 5. Selling Sills 1212 Vine	VRITI		24b. DATE	4 -		terv	Kansas	City. Mo.	nty) (State)
1-23-36 neva minimale 10, 25 entry new	<i>=</i>	DATE REC'D BY LOCAL F	REGISTRAR'S	SIGNATURE ,		25. FUNERAL APP	CTOR'S SIG	IATURE A A	
		1-2 5-56	neva			Statement on Reverse	ide)	THE ST	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

working under my personal supervision..

Signature of Student Embalmer

, Sterling Bu

P. O. Address 1212 Vine, Kans

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