

FILED MAY 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16428**
2070

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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</u>		c. LENGTH OF STAY (in this place) <u>55 yrs.</u>		c. CITY OR TOWN <u>Kansas City</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>2803 E. 6th Street</u>				e. STREET ADDRESS (If rural, give location) <u>2803 E. 6th Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>FRED</u> b. (Middle) <u>WILSON</u> c. (Last) <u>KARN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May-10-1956</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 19-1880</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cooper Supt.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Armour Packing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bellefonte, Pa.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Edmond KARN</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Betty Karn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>510-05-3919A</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Betty KARN</u> ADDRESS <u>2803 E. 6th St. K.C., Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Primary Amyloidosis of Heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Acute Pyelitis, Acute Gastro-Enteritis, Acute Pneumonitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>many months</u> <u>2-891</u> <u>1 week</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)			
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?			
22. I hereby certify that I attended the deceased from <u>12-6-</u> , 19 <u>55</u> , to <u>5-10</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-10</u> , 19 <u>56</u> , and that death occurred at <u>7:50 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree if title) <u>Robert L. Ward, M.D.</u>				23b. ADDRESS <u>426 St. John</u>		23c. DATE SIGNED <u>5-11-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 12-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-12-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>C. J. Blackman & Son Inc.</u> <u>K.C., Mo.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Robert L. Ward

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..... *Bert B. Benn*

Licensed Embalmer No. *465*

P. O. Address *K.C.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.