

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38112

STATE FILE NUMBER

FILED DEC 13 1956

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5117

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. STATE <i>Missouri</i> COUNTY <i>Cass</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Harrisonville</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hosp</i>		Length of stay in lb <i>2 weeks</i>	d. STREET ADDRESS (If outside, give location) <i>202 West Wall</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Ethel</i> Middle <i>Flora</i> Last <i>Kramper</i>			4. DATE OF DEATH Month <i>11</i> Day <i>25</i> Year <i>56</i>
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 20, 1889</i>
9. AGE (In years last birthday) <i>67</i>		IF UNDER 1 YEAR Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>	IF UNDER 24 HRS. Months <i>0</i> Days <i>0</i> Hours <i>0</i> Min. <i>0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Pattern maker</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Grace Garment Co.</i>	11. BIRTHPLACE (City and state or country) <i>Springfield Mo.</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>James William Ward</i>	
14. MOTHER'S MAIDEN NAME <i>Penelia Catharine Cheek</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>496-01-2599</i>		17. INFORMANT Address <i>Ms. Elynn Black, Wamego Kans.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hemorrhagic bronchopneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Acute myelogenous Leucemia</i> DUE TO (c) <i>2041</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour <i>a. m.</i> Month, Day, Year <i>p. m.</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from <i>11/12/56</i> to <i>11/24/56</i> and last saw her alive on <i>11/24/56</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Warren F. Wilhelm M.D.</i>		22b. ADDRESS <i>710 Prof. Bldg KC Mo</i>	22c. DATE SIGNED <i>11/26/56</i>
23a. BURN, CREMATION, REMOVAL (Specify)	23b. DATE <i>11-27-56</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Belton Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Belton Mo.</i>
24. FUNERAL DIRECTOR <i>E. K. George</i>	ADDRESS <i>Belton Mo</i>	25. DATE RECD. BY LOCAL REG. <i>11-26-56</i>	25. REGISTRAR'S SIGNATURE <i>reva mitchell</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Warren F. Wilhelm

health, Welfare, Public Service  
0  
1-56  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed.

Professional  
Address A. 77  
Bldg.

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 *Sturkey E. Goodak*

Licensed Embalmer No. *49*  
P. O. Address *Grandview 7*

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