Health, Welfare Public Service

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

J. Harvey Jennett

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13048

FILED MAY 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1736

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 4705 Wyoming — Length of stay in 1b: 20 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits Yes X No ☐
d. STREET ADDRESS (If outside, give location): 4705 Wyoming — Reside on Farm Yes ☐ No X

3. NAME OF DECEASED (Type or print): First: Roger Middle: Last: Converse

4. DATE OF DEATH: Month April Day 14 Year 1957

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** X **DIVORCED** ☐ **8. DATE OF BIRTH**: Oct. 1, 1899 **9. AGE** (In years last birthday): 57 — 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): Clerk (Retired) **10b. KIND OF BUSINESS OR INDUSTRY**: Railway Express **11. BIRTHPLACE** (City and state or country): Rosedale, Kansas **12. CITIZEN OF WHAT COUNTRY?**: US

13. FATHER'S NAME: George Converse **14. MOTHER'S MAIDEN NAME**: Rebecca Latermer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.**: 714-05-7422 **17. INFORMANT** Address: Lowellen Hamilton, K. C. Missouri.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic severe Bronchiectasis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Emphysema and Bronchial asthma (not tubercular)
DUE TO (c) 2414

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): Terminal exhaustion and Cardiac failure

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐ **20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in Part I or Part II of item 18.): No injury

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year: None — None

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ **20e. PLACE OF INJURY** (e. g., in or about home, farm, factory, street, office bldg., etc.): None **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from Nov 56, to Apr 14 57 and last saw ~~her~~ him alive on 4-13-57 11 PM
Death occurred at 9 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. Harvey Jennett M.D. **22b. ADDRESS**: 1500 Professional Bldg Kansas City Mo **22c. DATE SIGNED**: 4-14-57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial **23b. DATE**: 4/16/1957 **23c. NAME OF CEMETERY OR CREMATORY**: Memorial Park Cem. **23d. LOCATION** (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Gates Funeral Home, K. C. Kans. **25. DATE RECD. BY LOCAL REG.**: 4-15-57 **26. REGISTRAR'S SIGNATURE**: Nera Minshall

(Licensed Embalmer's Statement on Reverse Side)

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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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Murray Wilson

Licensed Embalmer No. 498

P. O. Address Shawnee,

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.