

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. 31954

FILED OCT 4 1957

4300

BIRTH NO. _____		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS City, Missouri</b>		c. LENGTH OF STAY (in this place) <b>33 YEARS</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>St. Luke's Hospital</b>				STREET ADDRESS (If rural, give location) <b>429 E. 74 TERRACE</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>ELNORA</b> b. (Middle) <b>M.</b> c. (Last) <b>JENSEN</b>			4. DATE OF DEATH <b>September 14, 1957</b>		5. SEX <b>Female</b>		6. COLOR OR RACE <b>WHITE</b>		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>JUNE 29, 1911</b>		9. AGE (In years last birthday) <b>46</b>		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) <b>BOOKKEEPER</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>VANDALIA, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>FRED NAYSMITH</b>			13b. MOTHER'S MAIDEN NAME <b>ETHEL LAMME</b>			14. NAME OF HUSBAND OR WIFE <b>WELCH JENSEN</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>486-09-2441</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MR. WELCH JENSEN</b> ADDRESS <b>429 E. 74th TRAP KANSAS CITY, MO.</b>				
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* (a) <b>Leukemia</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  INTERVAL BETWEEN ONSET AND DEATH <b>2044</b>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
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) m.		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 <b>Aug 8, 1957</b> , to <b>Sep 14, 1957</b> that I last saw the deceased alive on <b>9/14, 1957</b> , and that death occurred at <b>2:00 A.M.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Ralph A. Casford MD</b> (Degree or title)				23b. ADDRESS <b>221 Pl. Med. Bldg</b>		23c. DATE SIGNED <b>9/16/57</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>SEPT. 16, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAN CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>			
DATE REC'D BY LOCAL REG. <b>9-16-57</b>		REGISTRAR'S SIGNATURE <b>neva Marshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Duocome's Sons</b> ADDRESS <b>1331 BRUSH CAREN KANSAS CITY, MO.</b>					

(Licensed Embalmer's Statement on Reverse Side)

 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
 Ralph S. Casford

KP  
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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 *Basil W. Honey*.....

Licensed Embalmer No. *470*

P. O. Address *K.C., Mo.*

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.