

FILED SEP 19 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

3251
3934

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

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St Marys Hosp.			Length of stay in 15' 75 yrs.		d. STREET ADDRESS 3211 Thompson		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Edith Middle Eudora Last Wells				4. DATE OF DEATH Month 19 Day 1957 Year 1957					
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH February 3-1867		9. AGE (In years last birthday) 90		IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired, Chief Operator for Missouri Pacific			10b. KIND OF BUSINESS OR INDUSTRY R.R. Co.		11. BIRTHPLACE (City and state or country) Bloomington, Ill.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Wells				14. MOTHER'S MAIDEN NAME Mary Rockhold					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. none		17. INFORMANT Address Mrs. Frank Baker Neice, Aberdeen Maryland					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Stroke + Hemorrhage resulting from fractured skull DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 8900		
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 type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" 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.) Fell down steps						
20c. TIME OF INJURY Hour 6:45 a.m. Month 5 Day 17 Year 57									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Kansas City Jackson		COUNTY Jackson STATE Missouri			
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 5:20A m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE Geo C Kealhofer (Degree or title) _____				22b. ADDRESS 6627 Parkside Blvd		22c. DATE SIGNED 8-21-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE August 22-1957	23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory		23d. LOCATION (City, town, or county) (State) Kansas City Missouri				
24. FUNERAL DIRECTOR Mrs C.L. Forster Funeral Home Inc			25. DATE RECD. BY LOCAL REG. 8-21-57		26. REGISTRAR'S SIGNATURE neva Minshall				

Kas. City, Missouri.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Geo. C. Kealhofer
 Item 4 Chgd. by adjwt 10-9-57 Gf



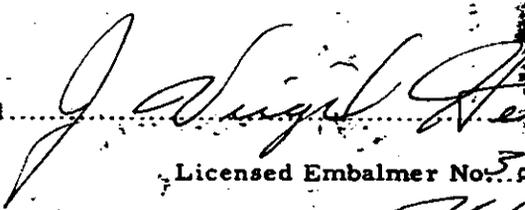
STATEMENT BY LICENSED EMBALMER

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

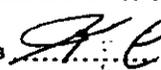
by me, or by Student Embalmer No.

working under my personal supervision.

Student
Signature of Student Embalmer

Signed


Licensed Embalmer No.

P. O. Address 

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: