

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH
 FILED VS DEC 7 1959

59-040156

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5601

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 64 yrs.		c. CITY OR TOWN Mission Kansas		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Medical Center			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 5617 Pembroke Lane		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First James Middle Ketner Last Ketner				4. DATE OF DEATH Month 11 Day 18 Year 59									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Feb. 4, 1869		9. AGE (last birthday) 90		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman of Board				10b. KIND OF BUSINESS OR INDUSTRY Plaza Bank of Commerce		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY					
13a. FATHER'S NAME Unknown				13b. MOTHER'S MAIDEN NAME Unknown				14. NAME OF HUSBAND OR WIFE Ethel N. Ketner					
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 Ralph P. Ketner, Kansas City, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cardiac FAILURE										INTERVAL BETWEEN ONSET AND DEATH 2 weeks			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease										10 years			
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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 _____ a.m. _____ p.m.		Month, Day, Year _____		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 July 1959 to Nov. 18, 1959 and last saw him alive on Nov. 18, 1959 Death occurred at 10:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Walter Harvey Jacobs, M.D.						22b. ADDRESS 751 - Post 63rd St. K.C. 10, Mo.			22c. DATE SIGNED 11/22/59				
23b. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 11-21-59		23c. NAME OF CEMETERY OR CREMATORY D. W. Newcomers Sons				23d. LOCATION (City, town, or county) Kansas City, Missouri					
24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Missouri				25. DATE RECD. BY LOCAL REG. 11-20-59		26. REGISTRAR'S SIGNATURE Neva Marshall							

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT
BY AFFIDAVIT OF
Walter Harvey Jacobs, M.D. MEDICAL CERTIFICATION

JAN 27 1961

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 Joe Yoder
Licensed Embalmer No. 4173
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.