

FILED JUN 15 1951

## STANDARD CERTIFICATE OF DEATH

State File No. 16879

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2204

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>50 YEARS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>5906 Charlotte st</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u> b. (Middle) <u>Chalmers</u> c. (Last) <u>Wetmore</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>May 19, 1951</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>May 9, 1878</u>			
9. AGE (In years last birthday) <u>73</u>		10. OCCUPATION (Give kind of work done during most of a working life, even if retired) <u>Office Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil Co</u>		11. BIRTHPLACE (State or foreign country) <u>Cleveland Ohio</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Albert Wetmore</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Chalmers</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Ethel M. Wetmore</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ethel M. Wetmore</u> ADDRESS <u>5906 CHARLOTTE KANSAS CITY Mo</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PERFORATED DUOD ULCER</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>PERITONITIS (3 MAY)</u> DUE TO (c) <u>INANITION</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>ART. SCLEROTIC HEART DIS</u>				INTERVAL BETWEEN ONSET AND DEATH <u>16 DAYS</u> <u>2 WKS.</u> <u>YRS.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION: <u>Perforated duod u lcer - 5 1/2</u>							
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		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) (Min.)		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 <u>3 May, 1951</u> , to <u>19 May, 1951</u> , that I last saw the deceased alive on <u>19 May, 1951</u> , and that death occurred at <u>7:10 A. m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert M. Myers</u> (Degree or title) <u>M.P.</u>				23b. ADDRESS <u>1025 Quail Blv</u>		23c. DATE SIGNED <u>19 May '51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>MAY-22-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>NEWCOMER'S VAULTS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>5-22-51</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer</u> ADDRESS <u>1331- BUSH CREEK KANSAS CITY Mo</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed..... *Bernard A. Moran*

Licensed Embalmer No..... *4250*

P. O. Address..... *A. C. Md.*

**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 this body is not embalmed, fact should be so stated above.