

Health, Welfare, Public Service  
 300  
 -56  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
 Arthur B. Smith M. D.  
 MEDICAL CERTIFICATION  
 Burial Removal Spcify  
 Burial  
 24. FUNERAL DIRECTOR  
 25. DATE RECD. BY LOCAL REG.  
 26. REGISTRAR'S SIGNATURE

FILED NOV 15 1956

STANDARD CERTIFICATE OF DEATH

34316  
 STATE FILE NUMBER

4675  
 REGISTRAR'S NO.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <i>Kansas</i> b. COUNTY <i>Wyandotte</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Research Hosp. 2 wks</i> Length of stay in hospital		d. STREET ADDRESS (If outside, give location) <i>5427 State Ave.</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Mrs. Louzaza B. Wells</i> First Middle Last		4. DATE OF DEATH <i>Oct. 27, 1956</i> Month Day Year	
5. SEX <i>Fe</i>	6. COLOR OR RACE <i>White</i>	MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <i>Sept. 25-1900</i>
	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	9. AGE (In years last birthday) <i>56 yrs.</i> IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>at home</i>		100. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	
11. BIRTHPLACE (City and state or country) <i>Perrin Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>	
13. FATHER'S NAME <i>Warren Clay Berryman</i>		14. MOTHER'S MAIDEN NAME <i>Frances Wingate Berryman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT <i>Leola Wells</i> Address <i>5427 State</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a): <i>Carcinoma of the ovary</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____			INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 years</i>  <i>1954</i>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
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 <i>July 27, 1955</i> to <i>Oct. 27, 1956</i> and last saw her alive on <i>Oct. 26, 1956</i> Death occurred at <i>11:30 P. M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Arthur B. Smith M.D.</i>		22b. ADDRESS <i>830 Hagle Bldg. N. O. 6 Wb.</i>	
22c. DATE SIGNED <i>Oct. 29, 1956</i>			
23a. BURIAL CREMATION REMOVAL (Specify)		23b. NAME OF CEMETERY OR CREMATORY	
<i>Burial</i>		<i>HIGHLAND PARK</i>	
23c. DATE		23d. LOCATION (City, town, or county) (State)	
<i>10-30-56</i>		<i>Kansas City Kans</i>	
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	
<i>Gibson &amp; Son Tail Home</i>		<i>10-29-56</i>	
26. REGISTRAR'S SIGNATURE			
<i>Reva Minshall</i>			

(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 embalmed  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Phil C. Johnson*.....

Licensed Embalmer No. *319*

P. O. Address *Hansen Co*

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.