DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38774

Registration District No. 395 DEC 12 1939 Primary Registration District No. 1002 Registrar's No. 4528

1. PLACE OF DEATH:
(a) County: JACKSON
(b) City or town: KANSAS CITY MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3209 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: MISSOURI (b) County: JACKSON
(c) City or town: KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3209 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? XX years.

3. (a) PRINT FULL NAME: LOUIS FREDERICK DE SOR 260
3. (b) If veteran, in name war: --
3. (c) Social Security No. 486-05-0712
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: LETHA ESTELLA
6. (c) Age of husband or wife if alive: 54 years
7. Birth date of deceased: NOV (Month) 18 (Day) 1884 (Year)
8. AGE: Years 55 Months ____ Days 11 If less than one day ____ hr. ____ min.
9. Birthplace: Kansas City Kansas (City, town, or county) (State or foreign country)
10. Usual occupation: Supt.
11. Industry or business: Pulverized Manure Co
12. FATHER Name: Frederick De Sor
13. FATHER Birthplace: Germany (City, town, or county) (State or foreign country)
14. MOTHER Maiden name: Anna Peterson
15. MOTHER Birthplace: Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature: Letha E. De Sor
(b) Address: 3209 Harrison
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-1-39 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetary
18. (a) Signature of funeral director: Orville N. Beckwith
(b) Address: 1416 Minnesota Ave KCKans
19. (a) Nov. 29 1939 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29 year 1939 hour 3 minute 30 A M.
21. I hereby certify that I attended the deceased from 31, 1939 to Nov 29, 1939 that I last saw him alive on Nov 26, 1939 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myelogenous	
Due to: Leukemia	10 yrs
Due to: TB	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy: Myelogenous Leukemia

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature: Lewis G. Allen (M. D. or other)
Address: 811 Huron Bldg Date signed 11/29/39

(Licensed Embalmer's Statement on Reverse Side)

Rev. 5-17-39 I X19511

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Orville H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City Kansas

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, above space should be left blank.