

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS.

FILED MAR 11 1940
399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5262**
Registrar's No. **487**

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Unknown
(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. 3624 Park
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No. years.

3. (a) PRINT FULL NAME

Larry Bebb

(b) If veteran, name war No.

(c) Social Security No. No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Child

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased February
(Month)

28
(Day)

1933
(Year)

8. AGE:

Years

Months

Days

If less than one day

6

11

3

hr.

min.

9. Birthplace Missouri
(City, town, or county)

(State or foreign country)

10. Usual occupation X None

11. Industry or business child

MOTHER FATHER

12. Name George E. Bebb

13. Birthplace Ohio
(City, town, or county)

(State or foreign country)

14. Maiden name Mary Wallace

15. Birthplace Missouri
(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature George E. Bebb

(b) Address 3624 Park, Kansas City, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2-5-40
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) Feb. 2, 1940
(Date received local registrar)

M. M. Crow
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 1st
year 1940 hour 11:45 minute A.P. M.

21. I hereby certify that I attended the deceased from 12-10-39
1939, to 2-1 1940;

that I last saw him alive on _____ 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Myocardial Infarction

Due to 53

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

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? _____

While at work? _____
(Specify type of place) (e) Means of injury 1

23. Signature Harry M. Sulley (M. D. or other)

Address 1624 Prof Bldg Date signed _____

Dr. Gilkey,

V. 4-1-22

Prof.

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

J. B. Waters

Licensed Embalmer No. *5992*

P. O. Address *R. C. M. O.*

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.