

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9799

State File No. _____

399

1002

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 1223

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:
1232 Fremont
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 1232 Fremont
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years

8. (a) PRINT FULL NAME Washington I. Priest 623

9. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Rebecca J. Priest 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 10th, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>81</u>	<u>0</u>	<u>8</u>	hr. _____ min.

9. Birthplace Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business _____

MOTHER FATHER { 12. Name William Priest 9

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Roxy Newton

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Goldie Priest

(b) Address 5701 St John, K.C. Mo.

17. (a) Burial (b) Date thereof Mar. 20-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cem.

18. (a) Signature of funeral director C.H. Blackman & Son, Inc

(b) Address 2825 Indep. S Blvd, K.C. Mo.

19. (a) Mch 19, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 18th,
year 1940 hour 3:30 minute _____ A. M.

21. I hereby certify that I attended the deceased from Sept 12
1939 to March 18, 1940
that I last saw him alive on March 12, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death marked
Resurrection
Due to Senility (Old Age)

Due to 92.0
Other conditions none
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) none
(b) Date of occurrence none
(c) Where did injury occur? none
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

While at work? _____
(Specify type of place) (e) Means of injury 2

23. Signature George J. Fortin, M.D.
Address 460 Lee Bldg. Date signed _____

WRITE PLAINLY—USE 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 _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

H. D. Blackman

Licensed Embalmer No. _____

3639

P. O. Address _____

R. C. Ma

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.