

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17619
Registrar's No. 2146

Registration District No. 399 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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-12-40-5-18-40
(Specify whether
In this community Unknown
years, months or days)

3. (a) PRINT FULL NAME Horace Page
3. (b) If veteran, No
name war No
3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Emma Page
6. (c) Age of husband or wife if alive 53 years
7. Birth date of deceased July 18, 1871
(Month) (Day) (Year)

8. AGE: Years 67 Months 42 Days 7 If less than one day
Unknown hr. 3 min.

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

10. Usual occupation Unemployed

11. Industry or business Unknown
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk
(b) Address General Hospital #2

17. (a) Blue Ridge (b) Date thereof May 25 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge

18. (a) Signature of funeral director Ideal Fun Home
(b) Address 1409 E 12th St

19. (a) May 25 1940 (b) M. M. Browe
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1604 E. 22nd Terrace Apt. D6
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 18
year 40 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from 5-12-
1940 to 5-18-
1940
that I last saw him alive on 5-18-
1940
and that death occurred on the date and hour stated above.

Immediate cause of death Hypernephroma of Right Kidney
(Primary)

Due to Generalized Carcinomatosis.

Due to 51

Other conditions 51
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

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?

3/4
While at work? (Specify type of place)
(e) Means of injury

23. Signature I. O. Brown (M.D. or other)
Address General Hospital #2 Date signed 5-18

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 Sheward J. Rol

Licensed Embalmer No. 2747

P. O. Address K C Mo

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.