

INDEX AUG 14 1940

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24358

State File No. 2968

Registration District No. 399 Primary Registration District No. 1002

Registrar's No.

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether  
In this community Life  
years, months or days)

3. (a) PRINT FULL NAME WILLIAM PLASTER 423  
3. (b) If veteran, name war None 3. (c) Social Security No. 496-03-0345

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Florence Plaster 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Aug. 19 1874  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 4 hr. min.

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

10. Usual occupation Laborer

11. Industry or business

12. Name William Plaster

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

14. Maiden name Mary Hedrick

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

16. (a) Informant Mrs. Florence Plaster

(b) Address 2616 East 29th St.

17. (a) Burial (b) Date thereof 7 25 40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Wailert Funeral Home

(b) Address 2332 Monitor Place, K. C., Mo.

19. (a) July 25, 1940 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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. 1302 Independence Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd  
year 1940 hour 2 minute 40 A. M.

21. I hereby certify that I attended the deceased from  
July 27th, 1940, to July 23rd 1940, 19\_\_\_\_;  
that I last saw him alive on July 23rd, 1940, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Carcinoma of stomach with metastases to liver.

Due to 4/5

Due to \_\_\_\_\_

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy See above

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 !

23. Signature W. C. P. Shoult (M. D. or other)  
Med. Dir. K. C. Gen. Hosp., K. C., Mo.  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

m.m.c

name of

address

location

city and state

date of death

I.O. of funeral home

agent

of the funeral home

name of

address

location

city and state

date of death

address

name of

address

location

city and state

date of death

of assistant agent of the funeral home

**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. (If not, state name and address of person under whose supervision embalmed.)

Signed.....

*Blaine E. Walcutt*

Licensed Embalmer No.....

*4075*

P. O. Address.....

*2332 Winton Dr*

**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.**