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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27491

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3124

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: H 8 E 7th St 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Omo (b) County Jackson
(c) City or town Kansas
(If outside city or town limits, write "RURAL")
(d) Street No. 8 E 7th St
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Finess H. Easter 23 L
3. (b) If veteran, name war America Spanish
3. (c) Social Security No. Unk
4. Sex male
5. Color or race White
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) 1875 (Year)

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

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Unknown
11. Industry or business Unknown 9
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Coroner's Office
(b) Address Kansas City, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 5 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Wadsworth Ks
18. (a) Signature of funeral director Parrantino Bros
(b) Address K C Mo
19. (a) Aug 5, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 31 year 1940 hour 8 minute 0 M.
21. I hereby certify that I attended the deceased from , 19 , to , 19 ;
that I last saw him alive on , 19 ;
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic myocarditis
Due to
Due to 93c
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection

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?
(Specify type of place)
While at work? (e) Means of injury 5
23. Signature [signature] (M. D. or other)
Address K.C. Mo Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Park Rowe.....

Licensed Embalmer No.....2347.....

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, fact should be so stated above.