No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31150

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3713

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

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: 3809 Warwick Street (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 (Specify whether

In this community 15 years 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. 3809 Warwick Blvd (If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Virginia Golden Virginia Golden

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race Col

6. (a) ~~Single, widowed~~, married, ~~divorced~~ Married

6. (b) Name of husband ~~or wife~~ John H.

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

7. Birth date of deceased 3 (Month) 14 (Day) 1880 (Year)

8. AGE: Years 60 Months 6 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation House wife 1

11. Industry or business

FATHER
12. Name Henry Venable 1
13. Birthplace ~~[illegible]~~ Richmond Va (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Julia Green
15. Birthplace Warton N.C. (City, town, or county) (State or foreign country)

16. (a) Informant J. H. Golden

(b) Address 3809 Warwick Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-25-40 (Month) (Day) (Year)

(c) Place: burial or cremation Tusla Oklah

18. (a) Signature of funeral director E. Sterling Bills

(b) Address 1811 E. 12 K. C. MO

19. (a) 9-24-40 (Date received local registrar) (b) M. M. Grove (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 23 year 1940 hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from 9-7, 1940 to 9-23, 1940 that I last saw her alive on 9-21, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Calculi of Bladder

Due to Cystitis Acute

Due to Hemorrhage of Bladder

Other conditions (Include pregnancy within 3 months of death) 134 12

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? (Specify type of place)

While at work? (e) Means of injury 1

23. Signature J. P. Richardson (M. D. or other)

Address 1832 Vine Date signed 9-24-40

(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 E. Sterling Bill

Licensed Embalmer No. 73178

P. O. Address 1811 E. 12. K. C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.