

FILED FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1170
Registrar's No. 130

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 709 Washington
(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)

3. (a) PRINT FULL NAME Harry Villard

3. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex M 5. Color or race W 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) (Year)

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

9. Birthplace unknown 9. (State or foreign country) _____

10. Usual occupation labor

11. Industry or business _____

12. Name _____

13. Birthplace Jackson 9 (State or foreign country) _____

14. Maiden name _____ 9

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

16. (a) Informant corner office 1/2/41

(b) Address Jackson county court house

17. (a) Burial (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director A. DeBets
(b) Address 901 E 5th

19. (a) Jan 9, 1941 (b) M. M. Grom
(Interreceived local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City Mo 48
(If outside city or town limits, write "RURAL")
(d) Street No. 709 Washington
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____

that I last saw _____ on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Due Chronic myocarditis

Due to 93A

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? _____

While at work? _____ (Specify if of place) Means of injury 3

23. Signature Arthur White (M. D. or other) _____
Address 15-C-Mo Date signed _____

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

MOTHER FATHER

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

Ray E Snow

Licensed Embalmer No. *2566*

P. O. Address *901 E 5th*

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.