

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1354

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 314

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Mo. & 12 days
(Specify, whether years, months or days)

In this community 36 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 3023 Paseo ⁸
(If rural, give location)

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

3. (a) PRINT FULL NAME William Dr. John Netherton

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th
year 1941 hour 4 minute 35 P. M.

21. I hereby certify that I attended the deceased from 11-7-40 19 , to 1-19-41 19 ;
that I last saw him alive on 1-19-41 19 ;
and that death occurred on the date and hour stated above.

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

6. (b) Name of husband or wife Mrs. Lydia Netherton 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased May 8 1868
(Month) (Day) (Year)

Immediate cause of death Carcinoma of prostate

Due to 518

Due to

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

72 8 11 hr. min.

Other conditions Pulmonary congestion and edema
(Includes pregnancy within 3 months of death)

Tricuspid valvulitis

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Dentist

11. Industry or business ---

MOTHER FATHER { 12. Name The Rev. John L. Netherton

13. Birthplace Davis County Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Rachel Glaze

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

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)
(c) Means of injury

23. Signature Amery R. Thom (M, D, or other)
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

16. (a) Informant Rev. J. L. Netherton

(b) Address Oklahoma City, Oklahoma

17. (a) Burial (b) Date thereof Jan. 22, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director W. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) Jan 21 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

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 *A. C. Newcomer Jr*

Licensed Embalmer No. *4043*

P. O. Address *A. 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.