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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9542**
Registrar's No. **951**

Registration District No. **279**

Primary Registration District No. **1002**

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 **9 days**
(Specify whether
In this community **Unknown**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **920 Wyandotte**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **EUGENE WOLVERTON**

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

4. Sex **Male** 5. Color **White** 6. (a) Single, widowed, married, divorced **Single**
7. Birth date of deceased **Feb 3 - 1877**
(Month) (Day) (Year)

8. AGE: Years **64** Months **15** Days **—** If less than one day **—** hr. **—** min.

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

10. Usual occupation **Salesman**

11. Industry or business **—**

12. Name **Abby J. Wolverson**

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

14. Maiden name **Miss A. Palmer**

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

16. (a) Informant **Richard Clark**

(b) Address **R.C. Gen Hospital**

17. (a) **Removal** (b) Date thereof **3-8-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Adm. Cpl. Betty General Home**

18. (a) Signature of funeral director **Adm. Cpl. Betty General Home**

(b) Address **Adm. Cpl. Betty General Home**

19. (a) **Mar 7, 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Feb.** day **20th**
year **1941** hour **10** minute **40** A.M. M.

21. I hereby certify that I attended the deceased from **2-11-41** to **2-20-41**

that I last saw h. **im.** alive on **2-20-41** and that death occurred on the date and hour stated above.

Immediate cause of death **Lobar Pneumonia**

Due to **ink**

Due to **ink**

Other conditions **ink**

(Include pregnancy within 3 months of death)

Major findings: Of operations **ink**

Of autopsy **ink**

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 **0**

23. Signature **Dr. M. M. Crowe** (M. D. or other)

Address **Med. Dir. K.C. Gen. Hospital, Kansas City, Mo.**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Wm A. Schmeizer

Licensed Embalmer No. 3089

P. O. Address.....

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.

The Tuberculosis Society brought this case to our attention and when checking with Dr. Thorn, Medical Director of the General Hospital it was discovered that the incorrect diagnosis had been given.

M. M. Brown
Pastor
back

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 951

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: R.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days
(Specify whether
in this community _____
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. 920 Wyandotte
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20th
year 1941 hour 10 minutes 40 A. M.
21. I hereby certify that I attended the deceased from 2-18-41 to 2-20-41
that I last saw him alive on 2-20-41
and that death occurred on the date and hour stated above.

Immediate cause of death Far advanced pulmonary tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings:
Of operations _____
Of autopsy _____
Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Eugene Wolverton

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased (Month) (Day) (Year)

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

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 3/7/41 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

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) _____ means of injury _____

23. Signature Wm. R. Brown (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital Date signed 5-26-41

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

9542

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.....

Licensed Embalmer No.....

P. O. Address.....

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.