

No. 2
-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 16 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13346

State File No. _____

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1327

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 1 day
In this community unknown (Specify whether years, months or days)

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. 15 East 6th St. 8
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

3. (a) PRINT FULL NAME CHARLES DONALD
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 3rd
year 1941 hour 12 minute 20 A. M.
21. I hereby certify that I attended the deceased from April 2nd 1941 1941 to April 3rd 1941 1941
that I last saw him alive on April 3rd, 1941 1941
and that death occurred on the date and hour stated above.

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 5 years
7. Birth date of deceased _____
(Month) (Day) (Year)

Immediate cause of death _____
Aneurysm and dilatation of abdominal aorta with rupture and hemoperitoneum
Duration _____

8. AGE: Years 45 Months X Days V
If less than one day hr. _____ min. _____

Due to _____
Due to 30 N
Other conditions (Include pregnancy within 3 months of death) 30 N

9. Birthplace _____ (City, town, or county) (State or foreign country) 9
10. Usual occupation unknown
11. Industry or business waiter
12. Name unknown 9
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
14. Maiden name unknown 9
15. Birthplace unknown (City, town, or county) (State or foreign country) 9

Major findings: Of operations _____
Of autopsy See above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
16. (a) Informant Frank Donald
(b) Address K.P. no.
17. (a) Burial (b) Date thereof 4-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenleaf Cem
18. (a) Signature of funeral director H. Ingeman
(b) Address K.P. no.
19. (a) 4/4/41 (b) M. H. Crowe
(Date received by registrar) (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? 31
(Specify type of place) While at work _____ (e) Means of injury 0
23. Signature Mary R. Howell (M. D. or other) _____
Address Reg. Dir. K.C. Gen. Hospital K. C. Mo. Date signed _____

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.....

Francis Walton....., Registered Apprentice No. 2744
working under my personal supervision.

Signed..... J. A. Pughman.....

Licensed Embalmer No. 2744

P. O. Address..... A.P. Inc.

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.