

No. 2
-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20676

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2206

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:
4106 Warwick Blvd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 54 years
(Specify whether years, months or days)

In this community 54 years
(Specify whether 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. 4106 Warwick Blvd.
(If rural, give location)

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

3. (a) PRINT FULL NAME Paul B. Vermillion

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Emma L. Vermillion 6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased July 29, 1863
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>10</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Retired Railroad Conductor

11. Industry or business _____

12. Name William Vermillion

13. Birthplace Don't know
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Forest
(City, town, or county) (State or foreign country)

15. Birthplace Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Emma L. Vermillion

(b) Address 4106 Warwick Blvd.

17. (a) Burial (b) Date thereof 6-9-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director _____
(b) Address 104 West 42nd Street

19. (a) 6/8/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6, year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 5/12 to 5/31, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocardiosis

Due to 42 54

Other conditions Chr. Arthritis (knee)
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____
Of operations _____
Of autopsy _____

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) (e) Means of injury _____

23. Signature James D. Smith (M. D. or other) _____
Address 318 Prof. Bldg. K.C. Mo. Date signed 6/6/41

Proof ready
Done with 50' standards

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 Charence H. Childs

Licensed Embalmer No. 3473

P. O. Address 75 E 5th St

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.