

S. No. 2
I-1-4-41
7-5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27432

State File No. _____
Registrar's No. **3090**

FILED SEP 12 1941
Registration District No. 299

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital #2
(d) Length of stay: In hospital or institution 7-17-41-7-31-41
In this community 0 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 909 Genesee
(e) Citizen of foreign country? No
If yes, name country _____

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

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 31
year 41 hour 7 minute _____ P.M.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced unkn
(b) Name of husband or wife Mary Brown (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-17-41, 1941 to 7-31-41, 1941; that I last saw him alive on 7-31-41, 1941; and that death occurred on the date and hour stated above.
Immediate cause of death Hypostatic pneumonia Duration _____

8. AGE: Years 73 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to Hypertensive Heart Disease with decompensation and Arteriosclerosis

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

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

10. Usual occupation _____

Major findings: Of operations 93d Of autopsy _____

11. Industry or business _____
12. Name Unknown
13. Birthplace Unknown
14. Maiden name Unknown
15. Birthplace Unknown

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Record Clerk
(b) Address General Hospital #2
17. (a) Burial (b) Date thereof 8-16-1941
(c) Place: burial or cremation Blue Ridge Lawn

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Wm. M. Crow
(b) Address 915 1/3 Trade M. Crow
19. (a) 9/16/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____
23. Signature W. M. Crow (M. D. or other) _____
Address Gen Hosp #2 Date signed _____

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 *B. L. Graham*
Licensed Embalmer No. *25740*
P. O. Address *2208 Pine 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.