

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **83723**
Registrar's No. **13654**

FILED NOV 13 1941
Registration District No. **979**

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:
Northeast Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community **2 Months. 0** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **048**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL")
(d) Street No. **Reid Hotel**
(If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME **Mrs. Dorothy Graham**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **5-17-18-9030**

20. DATE OF DEATH: Month **October** day **1st.**, year **1941** hour **1:00** minute **10.** M.
21. I hereby certify that I attended the deceased from **Sept 18, 1941**, to **October 1, 1941**.

4. Sex **F** 5. Color or race **W**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mr. Joseph Graham**
6. (c) Age of husband or wife if alive **39** years
7. Birth date of deceased **July 31 1907**
(Month) (Day) (Year)

that I last saw her alive on **October 1, 1941** and that death occurred on the date and hour stated above.
Immediate cause of death **Pyelitis (chronic) and toxemia** Duration _____

8. AGE: Years **34** Months **2** Days **1**
If less than one day hr. min.

Due to **Nephritis, Chronic**
Due to _____

9. Birthplace **Ypsilanti Mich. 1**
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **Housekeeper**
11. Industry or business **Hotel**

Major findings: Of operations **None**
Of autopsy **None** **1316**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name **Mr. Bilas Curtis**
13. Birthplace **Ypsilanti Mich. 1**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Barnes**
15. Birthplace **Imlay City, Mich. 1**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mr. Joseph Graham**
(b) Address **Reed Hotel**

17. (a) **Removal** (b) Date thereof **10 1 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Imlay City, Mich.**

18. (a) Signature of funeral director **Freeman Mortuary**
(b) Address **Kansas City, Missouri**

19. (a) **10/1/41** (b) **M. M. Cross**
(Date received local 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? _____

While at work? _____ (Specify type of place) (e) Means of injury **9**
23. Signature **Samuel S. Schwartz** (M. D. or other) **D.O.**
Address **718 Chambers Bldg.** Date signed **10-1-41**

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

E. E. Hanna

Licensed Embalmer No. *481*

P. O. Address *K. C. 2nd*

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.