No. 2
1-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33754

FILED NOV 13 1941

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 3685

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: Wheatley Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day (Specify whether years, months or days)
In this community 1 Day

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Independence (If outside city or town limits, write "RURAL") 048
(d) Street No. 410 N. Noland (If rural, give location) 44
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Infant Cory
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Male
5. Color or race Col.
6. (a) Single, widowed, married, divorced Infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 9 (Month) 29 (Day) 1941 (Year)
8. AGE: Years | Months | Days 1 | If less than one day hr. min.
9. Birthplace Kansas City (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Infant
11. Industry or business
12. Name George Cory (FATHER)
13. Birthplace Independence (City, town, or county) Mo. (State or foreign country)
14. Maiden name Jessie Horn (MOTHER)
15. Birthplace Atlanta (City, town, or county) Georgia (State or foreign country)
16. (a) Informant George Cory
(b) Address 410 N. Noland
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-3-41 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln
18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th
19. (a) 10/3/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 30 year 1941 hour 12 minute 15 P.M.
21. I hereby certify that I attended the deceased from Sept 29 1941 to Sept 30 1941 that I last saw him alive on Sept 30 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Hemorrhage from Lungs	24 hr.
Due to Pneumonitis	24 hr.
Due to Prematurity (Premature Delivery)	(9 mos)
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy 159

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

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
23. Signature Eugene P. Chatman M.D. (M.D. or other)
Address 173 Brooklyn Date signed 10-1-41

(Licensed Embalmer's Statement on Reverse Side)

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 w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.