

No. 2
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-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34064**

FILED NOV 13 1941
Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **4004**

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:
3215 Campbell
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 223 years _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Isaac Medley
(b) If veteran, name war -- (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
(b) Name of husband or wife Susan Medley (c) Age of husband or wife if alive -- years
7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years 76 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Milton Medley
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Ann Keller
(City, town, or county) (State or foreign country)
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant William Medley
(b) Address 4520 Summit

17. (a) Burial (b) Date thereof 10/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Quick & Talbot Co.
(b) Address 715 E. 4th

19. (a) 10/27/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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") **9**
(d) Street No. 3215 Campbell
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 26
year 1941 hour 3⁰⁰ minute P.M.

21. I hereby certify that I attended the deceased from October 26, 1941, to October 26, 1941;
that I last saw him alive on October 26, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to _____
Due to 830

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

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)
(a) Means of injury _____

23. Signature Harold A. Bell (M. D. or other) **0**
Address 1132 Brook Park Ke. Mo. Date signed 9/27/41

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

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.....

.....
working under my personal supervision.

John J. Conway

....., Registered Apprentice No. *307*

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.