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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37339

Primary Registration District No. 1002

Registrar's No. 4133

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: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 Day
In this community: 8 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.: 3315 Harrison
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: WALTER E COURTNEY

3. (b) If veteran, name war: X

3. (c) Social Security No.: X

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Elizabeth Courtney

6. (c) Age of husband or wife if alive: 62 years

7. Birth date of deceased: May 12, 1883 (Month) (Day) (Year)

8. AGE: Years 58 | Months 5 | Days 25 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Salesman

11. Industry or business: ____

MOTHER FATHER

12. Name: Thomas Courtney

13. Birthplace: Ontario, Canada (City, town, or county) (State or foreign country)

14. Maiden name: Sarah Hall

15. Birthplace: Cincinati Ohio (City, town, or county) (State or foreign country)

16. (a) Informant: Garland Courtney, Son
(b) Address: Pleasant Hill, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 11/10/41. (Month) (Day) (Year)
(c) Place: burial or cremation: Strasburg, Mo.

18. (a) Signature of funeral director: Mellody-McGilley
(b) Address: K. C. Mo.

19. (a) 11-7-41 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ____ day 11-7-41
year ____ hour ____ minute ____ M.

21. I hereby certify that I attended the deceased from 11-4-41 to ____, 19____;
that I last saw the deceased alive on ____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bilateral subdural central hemorrhage — Duration
Due to: Fracture of the skull
Due to: Auto traumatism
Other conditions (Include pregnancy within 3 months of death):
Major findings:
Of operations:
Of autopsy: yes

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): Accident
(b) Date of occurrence: 11-7-41
(c) Where did injury occur? K. C. (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Pedestrian struck by auto
(specify type of place)
While at work? ____ (e) Means of injury: ____

23. Signature: Arthur M. Hunter (M. D. or other)
Address: K. C. Mo. Date signed: ____

(Licensed Embalmer's Statement on Reverse Side)

#4800

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.