

S. No. 2  
1-1-4-41  
7-5-17-39  
9-1-X28390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9591

State File No. \_\_\_\_\_

FILED APR 25 1942  
1942

Registrar's No. 1451

Registration District No. 399

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: Kansas City General Hosp  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 2 1/2 days  
(Specify whether in this community 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. Washington Hotel-12-Mask.  
(If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Joe Field  
 3. (b) If veteran, name war \_\_\_\_\_  
 3. (c) Social Security No. none

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH: Month April day 11  
 year 1942 hour 11 minute 15-a.M.  
 21. I hereby certify that I attended the deceased from Jan 15  
 1942, to April 11 1942  
 that I last saw him alive on April 11 1942  
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race W  
 6. (a) Single, widowed, married, divorced W  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased unk  
(Month) (Day) (Year)

Immediate cause of death uremia  
 Due to bilateral ureteral obstruction from  
extensive carcinoma of prostate  
 Other conditions (include pregnancy within 3 months of death) 51B

8. AGE:	Years	Months	Days	If less than one day
<u>app. 64</u>				hr. _____ min. _____

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

9. Birthplace Hungary  
(City, town, or county) (State or foreign country)  
 10. Usual occupation none  
 11. Industry or business \_\_\_\_\_  
**MOTHER** { 12. Name Mavis Field  
 13. Birthplace Hungary  
(City, town, or county) (State or foreign country)  
 14. Maiden name unk  
 15. Birthplace unk  
(City, town, or county) (State or foreign country)  
 16. (a) Informant Beulah Clark  
 (b) Address 1200 E. 12th St  
 17. (a) burial (b) Date thereof 4-17-42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation St. Columba  
 18. (a) Signature of funeral director W. H. Crone  
 (b) Address \_\_\_\_\_  
 19. (a) W. H. Crone (b) W. H. Crone  
(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 \_\_\_\_\_  
 23. Signature W. H. Crone (M. D. or other) \_\_\_\_\_  
 Address 1200 E. 12th St

Duration \_\_\_\_\_  
**PHYSICIAN**  
 \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

48  
803

361

(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.....

*C. L. Lewis*....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3110*

P. O. Address. *H. S. M.*

**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.**