

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1804
Registrar's No.

Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 20
(d) Length of stay: In hospital or institution 1-21-42-5-4-42
In this community 40 years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 812 Independence Ave.
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME WESLEY RANGLAND MILES
(b) If veteran, name war NONE
(c) Social Security No. 486-05-3510

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 4
year 1942 hour 2 minute 30 a. m.

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced, Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 26 years (Day) (Year)

21. I hereby certify that I attended the deceased from January 21 19 42 to May 4 19 42
that I last saw him alive on May 4 19 42
and that death occurred on the date and hour stated above.
Immediate cause of death Gangrene of feet with Toxemia

8. AGE: Years 48 Months 4 Days 8
If less than one day hr. min.

Due to Frozen feet
Due to
Other conditions
Major findings:
Of operations
Of autopsy

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

10. Usual occupation Unemployed

11. Industry or business Porter

12. Name Wesley Miles Rangland

13. Birthplace Porta Rica
(City, town, or county) (State or foreign country)

14. Maiden name Ellen

15. Birthplace Porta Rica
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. (a) (b) Date thereof 5/7/42

(c) Place: burial or cremation Blue Ridge Lawn

18. Signature of funeral director Starkins Bros

19. (a) 5-7-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature J. C. Burges (M. D. occupation)
Address Gen. Hosp #2 - 600 E. 22 Date signed 5-6-42

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

ME

361

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

Issac J. Penlove

Licensed Embalmer No.

3994

P. O. Address

505 Highland

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.