

S. No. 2  
1-5-42  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

23611

State File No. ....

FILED AUG 12 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2866

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:  
2729 Troost Avenue - Apt. # 3 /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: ---  
(Specify whether  
In this community 25 Years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2729 Troost Avenue - Apt. # 3 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: ---

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28th  
year 1942 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from April  
1933 19. to July 1942  
that I last saw him alive on July 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary tuberculosis Duration 9 yr.

Due to 13 B1

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

Major findings:  
Of operations  
Of autopsy  
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) acc  
(b) Date of occurrence July  
(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) Means of injury  
Signature: W. D. Pugh (M. D. or other)  
Address: 800 Poplar St. Kansas City, Mo. Date signed 7/29/42

3. (a) PRINT FULL NAME Mrs. Juanita Elizabeth Sole

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mr. Ivan Sole 6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased: August (Month) 8 (Day) 1909 (Year)

8. AGE: Years 32 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business ---

12. Name Unknown Poague

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

14. Maiden name Laura Murphy

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

16. (a) Informant John Sole

(b) Address 2729 Troost

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-42 (Month) (Day) (Year)

(c) Place: burial or cremation mt. moriah

18. (a) Signature of funeral director W. H. Newcomer's Son

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-29-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

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

48  
3  
8

MOTHER FATHER

800. One funeral home only

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**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 *H. C. Newcomer*  
Licensed Embalmer No. 4043  
P. O. Address *H. C. No.*

**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.**