V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 3 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26518

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3213

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:
807 West 29th. Street 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 40 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") 8

(d) Street No. 807 W 29
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Coleman Teague

3. (b) If veteran, name war no

3. (c) Social Security No. 490-16-2325

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife unknown.

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

7. Birth date of deceased Aug. 21 1869
(Month) (Day) (Year)

8. AGE: Years 73 Months 0 Days 4 If less than one day ..... hr. ..... min.

9. Birthplace No Record 9
(City, town, or county) (State or foreign country)

10. Usual occupation Janitor

11. Industry or business Central Paper Bx Co

FATHER
12. Name Teague
13. Birthplace No Record 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name No Record
15. Birthplace No Record 9
(City, town, or county) (State or foreign country)

16. (a) Informant John Cockrell
(b) Address 2911 Bellview

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 27 1942
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C.L. Forster
(b) Address 918 Brooklyn

19. (a) 8-27-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 25
year 1942 hour 10 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 11, 1942, to Aug. 25, 1942
that I last saw him alive on Aug. 24 - 1942, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral haemorrhage	20 hrs
Due to:	
Due to: Chr Interstitial nephritis	
Other conditions (Include pregnancy within 3 months of death) 131 A	

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)
(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?
(Specify type of place)
While at work? (e) Means of injury D

23. Signature C.M. Counsell (M. D. or other) MD
Address 708 W 17th St Date signed 8/25/42

(Licensed Embalmer's Statement on Reverse Side)

Dr. C.M.Council

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 Theron A. Redmon

Licensed Embalmer No. 2737

P. O. Address K.C. Mo

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.