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Rev. 5-17-39
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FILED NOV 9 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3964

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: R. T. B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year 9 mo
(Specify whether years, months or days)

In this community 3.5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1208 Erie 7th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry French

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 20 year 1942 hour 10:30 pm M.

21. I hereby certify that I attended the deceased from 10/20/42 1942 to 19 that I last saw him alive on _____ 1942 and that death occurred on the date and hour stated above.

4. Sex M 2. Color or race C

5. Color or race C

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife Nellie French

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

7. Birth date of deceased: 8 (Month) 27 (Day) 1899 (Year)

Immediate cause of death Pulmonary TB

8. AGE: Years 54 Months 1 Days 23 If less than one day _____ hr. _____ min.

Due to 13 B

Due to Epileptiform seizures

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

9. Birthplace 7 Missouri (City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy _____

MOTHER FATHER

11. Industry or business _____

12. Name Deceased

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

14. Maiden name _____

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

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 _____ Means of injury _____

23. Signature W. M. Schmeizer (M. D. or other)

Address R. T. B. Hospital Date signed _____

16. (a) Informant Deceased

(b) Address R. T. B. Hospital

17. (a) (Burial, cremation, or removal) _____ (b) Date thereof _____ (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. M. Schmeizer

(b) Address City, Missouri

19. (a) 10-27-42 (Date received local registrar)

(b) W. M. Schmeizer (Registrar's signature)

K. S. Mo.

SEP 14 1954

SEP 14 1954

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 compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 32716

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3964

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: K.C.T.B. Hosp
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution 1 yr 8 mos
(Specify whether years, months or days) 35 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Henry French

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race B 6. (a) Single, widowed, married, divorced m
6. (b) Name of husband or wife Nettie 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased aug 27
(Month) (Day) (Year)

8. AGE: Years 54 Months 1 Days 3 If less than one day min.

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

10. Usual occupation

11. Industry or business

12. Name.....
13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name.....
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) (Burial, cremation, or removal) (b) Date thereof 11-6-42
(Month) (Day) (Year)

(c) Place: burial or cremation Heads Cemetery

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) 12/16/42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec Day 20 year 1942 hour..... minute..... M.

21. I hereby certify that I attended the deceased from..... 19.....
that I last saw him..... alive on..... 19.....
and that death occurred on the date and hour stated above.
Immediate cause of death.....
Duration.....

Due to.....

Due to.....

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).....

(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..... (M. D. or other).....

Address..... Date signed.....

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

SUPPLEMENTARY

