

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MAILED NOV 9 1942

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **3984**

Registration District No. 149 Primary Registration District No. 1002

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

48
8003

1. PLACE OF DEATH: Jackson

(a) County Kansas City

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

(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days

In this community 25 Years (Specify whether 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. 1918 Kensington
(If rural, give location)

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

3. (a) PRINT FULL NAME ALFRED GRANT MIDDLETON

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 25 year 1942 hour 8 minute P. M.

21. I hereby certify that I attended the deceased from Oct 18 to Oct 25 1942 that I last saw him alive on Oct 25 1942 and that death occurred on the date and hour stated above.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Ida

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

7. Birth date of deceased Dec. 2, 1869
(Month) (Day) (Year)

Immediate cause of death

① Bronchopneumonia Duration 10 days

Due to Pneumococcus

② Acute nephritis Duration 10 days

Due to and uremia

Other conditions 107
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>72 2/3</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy as stated above

MOTHER FATHER

12. Name James Middleton

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

14. Maiden name Gene Parson

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

16. (a) Informant John Sparks

(b) Address 1918 Kensington

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Oct. 28, 1942
(Month) (Day) (Year)

(c) Place: burial or cremation Greendora, Missouri

18. (a) Signature of funeral director C. H. Blackman & Sons, Inc.

(b) Address Kansas City, Mo.

19. (a) 10-28-42 (Date received local registrar) (b) M. M. Browe (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? _____

23. Signature John F. Caldwell (M. D. or other) MD

Address Kansas City Mo Date signed 10/26/42

Handwritten signature

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 comply with the above constitutes grounds for revocation of license.)

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