

S. No. 2
 DM-5-42
 Rev. 5-17-39
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36188

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 19 1942

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4204

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: General Hospital No. 20
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11-1-42-11-7-42
 (Specify whether
 In this community 17 years
 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. 1215 E. 16
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME ESSIE EDWARDS

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

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Alice Edwards
 6. (c) Age of husband or wife if alive 62 years
 7. Birth date of deceased December 25 1878
 (Month) (Day) (Year)

8. AGE: Years 63 Months 10 Days 25 If less than one day
 hr. min.

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

10. Usual occupation janitor

11. Industry or business.....

MOTHER FATHER
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)

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

17. (a) burial (b) Date thereof 11/11/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Watkins Bros.
 (b) Address 1729 Lydia Ave

19. (a) 11-11-42 (b) M. M. Browne
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 7
1942 year hour 4 minute 45 a.m.

21. I hereby certify that I attended the deceased from
November 1 1942 to November 7 1942
 that I last saw him alive on November 7 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Glomerulonephritis with Uremia
 Duration
 Due to Hypertension type heart disease

Due to 131 B
 Other conditions.....
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations.....
 Of autopsy Same as above
 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 of place)
 Means of injury.....

23. Signature J. C. Brown (M.D. or other)
 Address Gen. Hosp. #2-602 E. 22 Date signed 11-9-42

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

C

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.....

Jerome Merlow

Licensed Embalmer No. *3994*

P. O. Address.....

2503 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.