

S. No. 2
M-5-42
7. 5-17-39
WI X32873

35330

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 4476

FILED DEC 18 1942
Registration District No. 749

Primary Registration District No. 1002

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

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. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 hrs. (Specify whether years, months or days)
In this community Unknown

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. _____ (If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Miles Brown or Smith
3. (b) If veteran, name war No record 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Nov. day 24th year 1942 hour 6 minute 30 p. M.

4. Sex Male 5. Color or race W
6. (a) Single, widowed, married, divorced No record
6. (b) Name of husband or wife No record 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased No record
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-24-42, 19____, to 11-24-42, 19____; that I last saw him alive on 11-24-42, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage--diagnosis not confirmed

8. AGE: Years Months Days If less than one day
No record Appr. 65 yrs. min.

Due to 83a
Due to _____

9. Birthplace No record (City, town, or county) (State or foreign country) 9
10. Usual occupation No record
11. Industry or business _____
12. Name No record
13. Birthplace No record (City, town, or county) (State or foreign country) 9
14. Maiden name No record
15. Birthplace No record (City, town, or county) (State or foreign country) 9

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy No autopsy

16. (a) Informant Record Clerk
(b) Address K.C. Gen/Hospital
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 12/31/42 (Day) (Year)
(c) Place: burial or cremation C. College of Osteopathic
18. (a) Signature of funeral director Wesley James Malone
(b) Address 7337 monitor pl.
19. (a) 12-3-42 (Date received local registrar) (b) M. M. Crowe (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? _____ (Specify type of place) (e) Means of injury _____
23. Signature Anny R. Thoren (M, D, or other) D
Address Med. Dir. K.C. Gen. Hospital Date signed 12-3-42

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Blaine E. Weiler*

Licensed Embalmer No..... *4075*

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.