

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED DEC 28 1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 4669

1. PLACE OF DEATH:
Jackson
(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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 hr. 10 min.
In this community 2 hr. 10 min.
(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. General Hospital No. 2
1110 Brooklyn (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME INFANT CULLORS
3. (b) If veteran, name war no 3. (c) Social Security No. none
4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, wid
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 13 1942
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 13
year 1942 hour 11 minute 35 a. m.
21. I hereby certify that I attended the deceased from 11-13-42
9:25 a.m. to 11:35 a.m. 42
that I last saw him alive on November 13
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 hr. 10 min.
9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

Immediate cause of death Prematurity Duration
Due to 159
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

MOTHER FATHER

11. Industry or business
12. Name Ralph Cullors
13. Birthplace Oklaoma
(City, town, or county) (State or foreign country)
14. Maiden name Alice Ruth Harris
15. Birthplace Sapulpa Oklaoma
(City, town, or county) (State or foreign country)
16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Cremation (b) Date thereof 12-16-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation 156 S. W. 2nd St
18. (a) Signature of funeral director Wm. H. Tolson
(b) Address City Mortician
19. (a) 12-15-42 (b) M. M. Crowe
(Date received local registrar) (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)
Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? (Specify type of place) () Means of injury
23. Signed W. H. Tolson (M. D. or D. O.)
Address Gen. Hospital - 6015-22 Date signed 11-19-42

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

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

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.