

U. S. No. 2
FORM-5-42
Rev. 5-17-39
VI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED FEB 10 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 377

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. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1-19-43-1-20-43
(Specify whether years, months or days) 50 years

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. 1023 Woodland
(If rural, give location)

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

3. (a) PRINT FULL NAME MERRITT E. DANIELS

3. (b) If veteran, name war no

3. (c) Social Security No. 708-12-9010

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 20
year 1943 hour 1:40 minute a. M.

4. Sex Male 5. Color or Race Negro

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

6. (b) Name of husband or wife Maggie Daniels

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased January 25 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 19 1943 to January 20 1943
that I last saw him alive on January 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebro-vascular accident

8. AGE: Years 66 Months 11 Days 23
If less than one day _____ hr. _____ min.

Due to Hypertensive type heart disease with generalized arteriosclerosis

Due to _____

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

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

10. Usual occupation waiter

PHYSICIAN

Major findings: Of operations _____

Of autopsy _____

Underline the cause to which death should be charged statistically.

11. Industry or business Industry

12. Name unknown

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

14. Maiden name Susie

15. Birthplace Missouri
(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? _____

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial
(Burial, cremation, or removal) (b) Date thereof 1-25-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1212 Vine - K.C. Mo.

19. (a) 1-25-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] (M. D. or other) _____

Address Gen. Hosp. #2-6016-22 Date signed 1-21-43

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

E. Sterling Bell

Licensed Embalmer No.

3178

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.