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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1271

FILED JAN 30 1939

Registration District No. 2489 Primary Registration District No. 1002 Registrar's No. 227

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether
In this community 1 mo.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48 3 8

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 4211 East 22nd St.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~Jake Page~~ Lehman McBride Page

3. (b) If veteran, name war no

3. (c) Social Security No. Unable to find #

4. Sex Male

5. Color or race W. 0

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Sept. (Month) 8 (Day) 1899 (Year)

8. AGE: Years 43 Months 4 Days 7. If less than one day hr. min.

9. Birthplace Creighton (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation truck driver.

11. Industry or business

FATHER
12. Name John B. Page.
13. Birthplace Henry Co (City, town, or county) Mo 0 (State or foreign country)

MOTHER
14. Maiden name Minnie Goodrum
15. Birthplace near London (City, town, or county) England (State or foreign country)

16. (a) Informant Mrs. Minnie Page
(b) Address Urich, Mo. R.F.D.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-19-43 (Month) (Day) (Year)
(c) Place: burial or cremation Page Cem. near Creighton, Mo

18. (a) Signature of funeral director J. W. Wagner
(b) Address K. C. Mo.

19. (a) 1-15-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 15th year 1943 hour minute M.

21. I hereby certify that I attended the deceased from 1-6-43, 19, to 1-15-43, 19; that I last saw him alive on 1-15-43, 19; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Multiple sclerosis	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Dwey R. Thom (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

(Licensed Embalmer's Statement on Reverse Side)

PERINET—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

OCT 14 1948

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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