V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

1335

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 23

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:
3042 Flora Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 15 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3529 McGee Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------- 0

3. (a) PRINT FULL NAME Miss Nelda Jene Southern

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

4. Sex Female
5. Color or race White /
6. (a) Single, widowed, married, divorced single 0
6. (b) Name of husband or wife ------- ---------
6. (c) Age of husband or wife if alive ----- years

7. Birth date of deceased October (Month) 30 (Day) 1913 (Year)

8. AGE: Years 29 Months 2 Days 1 If less than one day ..... hr. ..... min.

9. Birthplace Memphis (City, town, or county) Tennessee / (State or foreign country)
10. Usual occupation Dress Designer
11. Industry or business In Home

FATHER
12. Name Roy B. Southern
13. Birthplace Sherman (City, town, or county) Texas / (State or foreign country)

MOTHER
14. Maiden name Zaffa Harrison
15. Birthplace Unknown (City, town, or county) Texas / (State or foreign country)

16. (a) Informant Mrs. Roy B. Southern
(b) Address 3529 McGee Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 4, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 1-4-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st year 1943 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h... alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Carbon Monoxide
Due to Intoxication
Due to 178-C
14
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy See Above

Duration

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) Acc 123
(b) Date of occurrence January 1, 1943
(c) Where did injury occur? K. C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place (Specify type of place) Carbon Monoxide Intoxication
While at work? (e) Means of injury

23. Signature W. E. Upsher M. D. (M. D. or other)
Address 23rd McCoy Date signed 1/1/43

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

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.