S. No. 2
M—9-4-41
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2431

FILED JAN 23 1943

Registration District No. 146 — Primary Registration District No. 5568 — Registrar's No. 313

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE BLUE TWP.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1225 S. Cedar Inter-city Dist. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO (Specify whether
In this community 20 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 0
(c) City or town INDEPENDENCE, RURAL 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1225 SO. CEDAR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME John William David Jr.
3. (b) If veteran, name war NO
3. (c) Social Security No. 487-16-4594
4. Sex MALE
5. Color or race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JESSIE LEE DAVID
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased JAN (Month) 14 (Day) 1915 (Year)

8. AGE: Years 27 Months 10 Days 28 If less than one day hr. min.

9. Birthplace E. ST. LOUIS, (City, town, or county) ILLINOIS (State or foreign country)
10. Usual occupation CAR SALESMAN
11. Industry or business AUTOMOBILE
FATHER
12. Name John William David Sr.
13. Birthplace UNKNOWN (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name MABEL HASE
15. Birthplace UNKNOWN (City, town, or county) KANSAS (State or foreign country)
16. (a) Informant MRS. JESSIE LEE DAVID
(b) Address 1225 SO CEDAR
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-10-42 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.
18. (a) Signature of funeral director Cauley Funeral Home
(b) Address 214 N. SPRING ST. INDEP. MO
19. (a) 12-10-42 (Date received local registrar) (b) James W. Ross (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7 year 1942 hour 9.50 minute P. M.
21. I hereby certify that I attended the deceased from July 13, 1942 to Dec 7, 1942 that I last saw him alive on Dec 7, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death metastasis of sarcoma to vital centers of brain
Due to sarcoma dorsum left foot
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

Duration

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

54 b

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 M. L. Whetstone (M. D. or other) D.O.
Address 323 W Lexington Independence, Mo Date signed Dec 10 42

(Licensed Embalmer's Statement on Reverse Side)

J.R.

MAY 28 1957

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 by me

..... Registered Apprentice No. .....

working under my personal supervision.

Signed J. L. Latta

Licensed Embalmer No. 7632

P. O. Address 214 N Spring Indep

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.