V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 6 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13372

Primary Registration District No. 1002

Registrar's No. 1920

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: 4242 Troost, (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 25 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Kansas City, 8 (If outside city or town limits, write "RURAL")

(d) Street No. 4242 Troost, (If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country x

3. (a) PRINT FULL NAME Mrs. Ida May Radle

3. (b) If veteran, name war No.

3. (c) Social Security No. No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Karl Radle

6. (c) Age of husband or wife if alive 73 years

7. Birth date of deceased May (Month) 8 (Day) 1874 (Year)

8. AGE: Years 68 Months 11 Days 15 If less than one day hr. min.

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

10. Usual occupation Housewife,

11. Industry or business x

FATHER
12. Name Unknown,
13. Birthplace Unknown, (City, town, or county) (State or foreign country)

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

16. (a) Informant Karl Radle,

(b) Address 4242 Troost, Kansas City, Mo.

17. (a) Removal, (Burial, cremation, or removal) (b) Date thereof 4-23,43 (Month) (Day) (Year)

(c) Place: burial or cremation Florence, Kansas,

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 4-23-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23 year 1943 hour 8:30 minute a. M.

21. I hereby certify that I attended the deceased from April 14, 1943 to 23, 1943 that I last saw her alive on 23 April, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to 93 E

Due to

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

Major findings: Of operations

Of autopsy None

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) —

(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 K P Jones (M. D. or other)

Address 309 E 10 Date signed 23 Apr

(Licensed Embalmer's Statement on Reverse Side)

Dr. K?P. Jones,
309 E/10

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. M. Plank

Licensed Embalmer No. 1848

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.