

S. No. 2
1-9.4-41
5-17-3
1 X22

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13376

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1714

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 4-8-43- 5 hr.
(Specify whether years, months or days)

In this community 6 years
(Specify whether years, months or days)

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. 1103 E. 17
(If rural, give location)

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

3. (a) PRINT FULL NAME Willie Redict

3. (b) If veteran, name war World War

3. (c) Social Security No. # UNKNOWN

4. Sex male 5. Color or Negro

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased July 6 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>9</u>	<u>2</u>	hr. _____ min.

9. Birthplace Mt. Pleasant Arkansas
(City, town, or county) (State or foreign country)

10. Usual occupation Clothes Presser

11. Industry or business _____

12. Name Bing Redict

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

14. Maiden name Nola

15. Birthplace Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) removal (b) Date thereof 4/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wadsworth, Kansas

18. (a) Signature of funeral director Mathews Bros
(b) Address 1729 Lydia

19. (a) 4-10-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month April day 8 year 1943 hour 9:10 minute P. M.

21. I hereby certify that I attended the deceased from 4-8-43 3:50 p.m. to 9:10 p.m., 1943

that I last saw h. im alive on April 8, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death rem - Meningococic Pneumococcus Meningitis

Due to _____

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (Specify type of injury)

23. Signature [Signature] (or, if co-signer)

Address Law Dept 2-6006 22 Date signed 4-9-43

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

48
3
5

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 4 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Jerome Malore*
Licensed Embalmer No. *3997*
P. O. Address *2503 Highland*

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.