

S. No. 2
OM-2-43
5-17-43
I X 3897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23695

FILED AUG 6 1943 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3118

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kennett

(c) Name of hospital or institution: Weatherly-Brandert Hosp
(If not in hospital or institution write street number and location)

(d) Length of stay: In hospital or institution 7 hrs (Specify whether
In this community lifetime (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State mo (b) County Jackson

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

(d) Street No. 1424 E. 11th Str (If rural, give location)

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

3. (a) PRINT FULL NAME GERROLD ANDERSON

3. (b) If veteran name was NONE 3. (c) Social Security No. NSNE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15
year 1943 hour 6:30 minute 0 M.

21. I hereby certify that I attended the deceased from 7-13
1943 to 7-15 1943
that I last saw him alive on 7-15 1943
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race 2. NEGRO 6. (a) Single, widowed, married divorced SINGLE

6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JAN 24 1941
(Month) (Day) (Year)

Immediate cause of death Bronchial pneumonia Duration _____

8. AGE: Years Months Days If less than one day
2 5 21 hr. min.

Due to 107

Due to _____

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

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

10. Usual occupation NONE

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business NONE

12. Name OSCAR A. BILLUPS

13. Birthplace AKA (City, town, or county) (State or foreign country) 1

14. Maiden name HELEN BROWN (State or foreign country) 0

15. Birthplace MO (City, town, or county) (State or foreign country) 0

16. (a) Informant HELEN BROWN ANDERSON

(b) Address 1424 E. 11th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-17-43 (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND

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? _____

18. (a) Signature of (funeral director) Thymer Greenleaf

(b) Address 1819 E. 15th Kennett

19. (a) 7-16-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

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

23. Signature P. V. Miller (M. D. or other) _____

Address 1203 Paseo Date signed 7-15-43

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

MOTHER FATHER

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 Shirley G. Flynn

Licensed Embalmer No. 2211

P. O. Address 1819 E. 15th KC.

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.