

S. No. 2
DM-2-43
5-17-39
I X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30972**
3097
Registrar's No. _____

FILED SEP 28 1943
Registration District No. **149**

Primary Registration District No. **100 2**

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

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

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

3. (a) PRINT FULL NAME Joe Smith

3. (b) If veteran, name war --

3. (c) Social Security No. 496-01-4270

| | | |
|--|--|---|
| 4. Sex <u>M</u> | 5. Color or race <u>W</u> | 6. (a) Single, widowed, married, divorced <u>Single</u> |
| 6. (b) Name of husband or wife <u>--</u> | 6. (c) Age of husband or wife if alive <u>--</u> years | |

7. Birth date of deceased Unknown
(Month) (Day) (Year)

| | | | |
|-------------------------------|--------|------|----------------------------------|
| 8. AGE: Years <u>About 51</u> | Months | Days | If less than one day hr. min. |
|-------------------------------|--------|------|----------------------------------|

9. Birthplace No Record
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business C.B. & Q Railroad Co.

MOTHER { 12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant St. Christopher's Inn

(b) Address 5th & Main, K.C. Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof Sept. 15-43
(Month) (Day) (Year)

(c) Place: burial or cremation St Marys Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Indep. Ave K.C. Mo.

19. (a) 9-15-43
(Date received local registrar)

(b) J. E. Brown, Dep.
(Registrar's signature)

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. 547 1/2 Main
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 12th
year 1943 hour 12 minute 25 A.M.

21. I hereby certify that I attended the deceased from Sept. 10th 1943 to Sept. 12th 1943
that I last saw him alive on Sept. 12th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Carcinoma of stomach with metastases

Duration _____

Due to _____

Due to _____

Other conditions 46/5
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy See above

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? _____

While at work _____
(Specify type of place)

23. Signature Dr. R. Horn (M. D. or other) _____
Address Gen'l Hosp. Date signed 9-12-
43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.