S. No. 2
M—2-43
5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37196

FILED DEC 3 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4926

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:
4309½ East 15 St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 30 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 4309½ East 15 St.
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles C. Cecil

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Dora May Cecil

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

7. Birth date of deceased Nov (Month) 11 (Day) 1859 (Year)

8. AGE:

Years	Months	Days	If less than one day
84	0	9	hr. min.

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

10. Usual occupation Land Csape Gardner

11. Industry or business Retired

FATHER
12. Name Soloman C. Cecil
13. Birthplace North Carolina
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Edith Kennedy
15. Birthplace North Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Edith Mc Dole
(b) Address 4309½ East 15 St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 23 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Washington Cem.

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn Kas. City Mo.

19. (a) 11-22-43 (Date received local registrar) (b) P.E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 20
year 1943 hour 8 minute 30P. M.

21. I hereby certify that I attended the deceased from Deputy, to Coroner, 19..;
that I last saw h..... alive on ....., 19..;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy Inspection & History

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 A. E. Upsher (M.D. or other) D.M.D.
Address 23 McCoy Date signed 11/21/43

(Licensed Embalmer's Statement on Reverse Side)

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: Denzil C. Browning

Licensed Embalmer No. 2724

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.