

S. No. 2  
M-2.43  
5-17-39  
X35697

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37411

State File No. \_\_\_\_\_  
Registrar's No. 4775

FILED DEC 3 1943/49  
Registration District No. 1943/49

Primary Registration District No. 1002

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 No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11-9-43-11-10-43  
(Specify whether \_\_\_\_\_)  
In this community 7 yr.  
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. 1110 Brooklyn  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME CLARA MONTGOMERY

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November, Day 10  
year 1943 hour 9:32 minute a. M.

3. (b) If veteran. None. name war \_\_\_\_\_  
3. (c) Social Security No. None

21. I hereby certify that I attended the deceased from  
November 9, 1943 to November 10, 1943  
that I last saw her alive on November 10, 1943  
and that death occurred on the date and hour stated above.

4. Sex. female 5. Color or race Negro  
6. (a) Single, widowed, married, divorced, Single

Immediate cause of death Diabetes Mellitus

6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased. February 5 1909  
(Month) (Day) (Year)

Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
34 9 5 \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

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

Due to 61

10. Usual occupation unemployed

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

11. Industry or business \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

12. Name Edward Kinyoun

Of autopsy \_\_\_\_\_

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

14. Maiden name Maude Campbell

15. Birthplace Blackwater Missouri  
(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 11-12-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stapensius Mo

18. (a) Signature of funeral director W. E. Brown

(b) Address 1129 Lydia

19. (a) 11-12-43 (b) W. E. Brown  
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury \_\_\_\_\_

23. Signature W. E. Brown (M. D. or other) \_\_\_\_\_

Address Gen. Hosp #2-600 E. 22 Date signed 11-11-43

2/61 (Licensed Embalmer's Statement on Reverse Side)

MAR 16 1944

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**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 Manlove*

Licensed Embalmer No. *3994*

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.**