

FILED JAN 19 1944
BUREAU OF THE CENSUS
JAN 19 1944
1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1696

State File No. _____

Registration District No. 169

Primary Registration District No. 1002

Registrar's No. 5661

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:
2219 East 9th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 2 months
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. 2219 East 9th Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME AGNES ROUNDTREE

3. (b) If veteran, name war NONE 3. (c) Social Security No. None

4. Sex Female 5. Color or race 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 December 25, 1942
(Month) (Day) (Year)

8. AGE: Years 1 Months 0 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace Tulsa, Oklahoma
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business _____

MOTHER FATHER {
12. Name Austine Roundtree
13. Birthplace Oklahoma
(City, town, or county) (State or foreign country)
14. Maiden name Stacy Lee Ware
15. Birthplace Tulsa, Oklahoma
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Sam Ware
(b) Address 2219 East 9th Street

17. (a) Burial (b) Date thereof 12/31/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Walter Brown
(b) Address 1729 Lydia Avenue

19. Dec 31 1943 (b) W. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. 28 day Tuesday
year 1943 hour 7:10 minute A. M.

21. I hereby certify that I attended the deceased from December 27, 1943 to December 28, 1943
that I last saw him alive on December 28, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Loba Pneumonia 2 Day

Due to _____

Due to _____

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

Major findings: Of operations _____
Of autopsy _____

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)
(e) Means of injury 6

23. Signature Eugene P. Chaturus M. D. or other _____
Address 1737 Brooklyn Date signed 12-30-43

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

Chatman

Chatman

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 _____

J. J. 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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.