S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

9733

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1045

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: 1321 Gracy (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ In this community: About 18 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: Jackson

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

(d) Street No.: 1321 Gracy (If rural, give location)

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

If yes, name country: No

3. (a) PRINT FULL NAME: Dovie Christian

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: Negro

6. (a) Single, widowed, married, or divorced: Widowed

6. (b) Name of husband or wife: Junior Christian

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

7. Birth date of deceased: Dont Know (Month) (Day) (Year)

8. AGE: Years: About 51 | Months: | Days: | If less than one day: hr. min.

9. Birthplace: Richmond (City, town, or county) Ark (State or foreign country)

10. Usual occupation: Laundress

11. Industry or business: ____

FATHER 12. Name: Dont Know

13. Birthplace: " (City, town, or county) " (State or foreign country)

MOTHER 14. Maiden name: "

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

16. (a) Informant: Mrs Gertrude Collins

(b) Address: ~~23~~ 1321 Gracy

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3-6-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Lincoln Cemetery

18. (a) Signature of funeral director: Brady Funeral Home

(b) Address: 1708 Brady

19. (a) 3-6-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 28 year 1944 hour 12:45 minute G M.

21. I hereby certify that I attended the deceased from ____ 19__ to ____ 19__; that I last saw him alive on ____ 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death: Bronchio Pneumonia

Due to: ____

Due to: ____

Other conditions (Include pregnancy within 3 months of death): ____

Major findings: Of operations: ____ Of autopsy: ____

107

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: L. P. Richardson (M.D. or other)

Address: 1832 Vine Date signed 3-5-44

(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 .....

Licensed Embalmer No. 1271

P. O. Address Kansas City 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.