

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 1 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13821**
Registrar's No. **1662**

Registration District No. **149** Primary Registration District No. **1002**

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:
2446 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 years
(Specify whether 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. 2446 Olive
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Fred Paschal
3. (b) If veteran, name war no 3. (c) Social Security No. 510-05-7330

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10 year 1944 hour 1 minute M.
21. I hereby certify that I attended the deceased from 12-1-43 to 4-10-44
that I last saw him alive on 4-10- and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Clariss Paschal 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased: (Month) 8 (Day) 18 (Year) 87

Immediate cause of death: Addison's Disease

8. AGE: Years 56 Months 1887-8 Days 2 If less than one day hr. min.

Due to Possible I.B. of Adrenals.

9. Birthplace Camden, Arkansas (City, town, or county) (State or foreign country)

Due to Chr. Myocarditis @

10. Usual occupation laborer

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

11. Industry or business

Major findings: Of operations No 2/1a

MOTHER FATHER 12. Name Calvin Paschal

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

14. Maiden name Walter Stone (City, town, or county) (State or foreign country)

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

16. (a) Informant Clariss Paschal

(b) Address 2446 Olive

17. (a) Burial (b) Date thereof April 14, 1944 (Month) (Day) (Year)

(c) Place: burial or cremation Walden Cemetery, Kansas City, Mo.

18. (a) Signature of funeral director Fannie M. Meek

(b) Address 1708 E. 18th St.

19. (a) 4-14-44 (b) J. E. Brown (Date received local registrar) (Registrar's signature)

Of autopsy No 2/1a

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no no

(b) Date of occurrence no

(c) Where did injury occur? no (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: J. S. Wells (M. D. or other)

Address 1605-E-18th St. K.C. Mo. Date signed 4-11-44

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

MAY 2 1925

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 Fannie L. Muck

Licensed Embalmer No. 3818

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.