

V. S. No. 2
 OOM-5-43
 Rev. 5-17-39
 I X36671

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

13862
 1518

State File No.

Registrar's No.

FILED MAY 1 1944

Registration District No. 149

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 12-2-43-4-5-44
 (Specify whether years, months or days) 5 yr.

3. (a) PRINT FULL NAME EPHRIAM SEARCY
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Florence Searcy
 6. (c) Age of husband or wife if alive 74 years
 7. Birth date of deceased March 9 1865
 (Month) (Day) (Year)

8. AGE: Years 79 Months 0 Days 27
 If less than one day hr. min.

9. Birthplace Murray County Tenn.
 (City, town, or county) (State or foreign country)

10. Usual occupation unemployed

11. Industry or business

MOTHER FATHER

12. Name Berry Searcy
 13. Birthplace Tenn.
 (City, town, or county) (State or foreign country)
 14. Maiden name Chaney Beatty
 15. Birthplace Tenn.
 (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 4/13/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Dalhans Bros
 (b) Address 1729 1/2 1st

19. (a) 4-11-44 (b) N. E. Brown
 (Date received local registrar) (Registrar's signature)

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. 5406 Montgall
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
 year 1944 hour 1:25 minute P.

21. I hereby certify that I attended the deceased from
December 2, 1943, to April 5, 1944
 that I last saw h. im alive on April 5, 1944
 and that death occurred on the date and hour stated above.

Immediate cause of death
Congestive Heart failure

Due to Arteriosclerotic type heart disease

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 93d
 Of autopsy

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?

While at work? Yes (Specify type of place)
 (e) Means of injury 0
 23. Signature [Signature] (M. D. or other)
 Address 1729 1/2 1st Date signed 4-10-44

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.....

DJ Manlove

Licensed Embalmer No. 3994

P. O. Address. 2509 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.