

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

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1349**
Registrar's No. **5452**

FILED JAN 23 1945
Registration District No. **21**

Primary Registration District No. **1002**

1. PLACE OF DEATH: Jackson
(a) County: Kansas City
(b) City or town: Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: 9 ds
In this community: 17 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson
(c) City or town: Kansas City
(d) Street No.: 2014 Indiana Avenue
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Jewell EVERETT
3. (b) If veteran, name war: no.
3. (c) Social Security No: 496-01-4576

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 29th year 1945 hour 8 minute 45 P.M.
21. I hereby certify that I attended the deceased from 12-20-45 to 12-29-45 and that death occurred on the date and hour stated above.

4. Sex: M Color or race: WHT
6. (a) Single, widowed, married, divorced, widower
6. (b) Name of husband or wife: ONE EVERETT
6. (c) Age of husband or wife: deceased
7. Birth date of deceased: Dec 6 1877

Immediate cause of death: Acute myocardial infarction
Other conditions: none
Major findings: none
Of autopsy: See above

8. AGE: Years 68 Months 0 Days 23

9. Birthplace: Smithville MO

10. Usual occupation: Laborer

11. Industry or business: Gen Labor

12. Name: William Everett

13. Birthplace: Clay County MO

14. Maiden name: MARY MCGEE

15. Birthplace: Clay County MO

16. (a) Informant: Gen. Rice
(b) Address: 3020 ENDANNA K.C. MO

17. (a) Place: burial or cremation: Mt. Olive Cem.
(b) Date thereof: JAN 9 1946
(c) Signature of funeral director: [Signature]

18. (a) Signature of funeral director: [Signature]
(b) Address: [Address]

19. (a) Date received local registrar: 12-31-45
(b) Registrar's signature: Geraldine Holmes

PHYSICIAN: [Signature]
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: [Signature]
Address: Med. Dir. K.C. Gen. Hospital
Date signed: 12-31-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
100223

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.....

John S. ...

Licensed Embalmer No.

4349

P. O. Address.....

Ch. R. ...

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.