

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 20 1946
149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2141

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:
723 Prospect St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 58 years.
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 723 Prospect St. 8
(If rural, give location)

(e) Citizen of foreign country? No 0 (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME William Henry Pelletier

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1946 hour _____ minute _____ M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Helen Pelletier

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased September 1 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 11 1946
May 9 1946 and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>8</u>	<u>10</u>	hr. _____ min. _____

Immediate cause of death Coronary Occlusion
Coronary sclerosis.

Due to _____

Due to _____

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

9. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Repair shop, fire dept.
Fire department.

11. Industry or business _____

Major findings:
Of operations 94a

Of autopsy _____

MOTHER FATHER

12. Name John Francis Pelletier

13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Lula Marquis

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs Helen Pelletier

(b) Address 723 Prospect

17. (a) Burial (b) Date thereof May 13, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington

18. (a) Signature of funeral director William M. Keith

(b) Address 20 W. Linwood, Kansas City.

19. (a) 5-11-46 (b) Thereldine Holme
(Date received local registrar) (Registrar's signature)

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)

(c) Means of injury _____

23. Signature William M Keith (M. D. or other) MD
Address Professional Bldg Date signed 5/11/46

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

15644

Thompson

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.....

Charles M. Quirk

Licensed Embalmer No.....

3774

P. O. Address.....

K. O. 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.