

S. No. 2  
OM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20242

State File No. \_\_\_\_\_

2849

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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 13 days (Specify whether  
in this community 55 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. 3621 Drury 8  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME INEZ EDWARDS

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, divorced Widowed

6. (b) Name of husband or wife William Edwards

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

7. Birth date of deceased: September 29, 1890  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>55</u>	<u>8</u>	<u>22</u>	hr. _____ min. _____

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

10. Usual occupation Clerical

11. Industry or business Unemployed

12. Name Pete McCoy

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

14. Maiden name Dollie Griffin

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

16. (a) Informant Inez Edwards (From Record)

(b) Address 3621 Drury

17. (a) Burial (b) Date thereof June 26, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director West, Appleton, Jones

(b) Address 1905 Union St.

19. (a) 6-27-46 (b) Gertrudine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 21  
year 1946 hour 11 minute 25 p. M.

21. I hereby certify that I attended the deceased from June  
8, 1946 to June 21, 1946;

that I last saw her alive on June 21 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death: ENCEPHALITIS (non epidemic)  
(Undertermined)

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: Terminal Hypostatic Pneumonia  
(Include pregnancy within 3 months of death)

Bronchopneumonia

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) M. D.  
Address 600 East 22nd St. Date signed 6/26/46

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

MOTHER FATHER

APR 19 1946

APR 21 1946

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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.....

*E. J. West*

Licensed Embalmer No. *2710*

P. O. Address..... *K. C. 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.**