

No. 2
12-45
17-39
X47070

FILED MAR 3 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4814

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 778

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: 513 E 14th 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 unknown years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 513 E 14th St
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Emmett Eidson

3. (b) If veteran, name war none 3. (c) Social Security Dorsetbury

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife FRANCIS Eidson 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased JUL 12 1911
(Month) (Day) (Year)

8. AGE: Years 42 Months 8 Days 6 If less than one day _____ hr. _____ min.

9. Birthplace Caridon County MO
(City, town, or county) (State or foreign country)

10. Usual occupation Tree Surgeon

11. Industry or business _____

12. Name Samuel Boyde Eidson

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

14. Maiden name Parapbell

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

16. (a) Informant Francis Eidson

(b) Address 513 E 14th St

17. (a) Burial (b) Date thereof Feb 21 47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Passanino

(b) Address 15 C MO

19. (a) 2-20-47 (b) Sheldine Palmer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 18
year 1947 hour 4 minute A M.

21. I hereby certify that I attended the deceased from _____
_____ 19____ to _____ 19____
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Insufficiency

Due to arteriosclerosis

Due to _____

Other conditions 95C
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy no

Heart & Lungs

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 Car

23. Signature Samuel Walker (M. D. or other) _____
Address 1424 mg pldy Date signed 2-18-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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.....

Francis Walter

Licensed Embalmer No.....

2744

P. O. Address.....

15 C M

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.