

S. No. 2
12-45
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5025

FILED FEB 24 1947

State File No.

Registrar's No.

614

Registration District No. 749

Primary Registration District No. 1002

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: Union Station 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community none
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Arkansas (b) County 994
(c) City or town Little Rock (If outside city or town limits, write "RURAL") 5
(d) Street No. 2312 West 8th Street (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9th day Feb
year 1947 hour 8:12 minute P 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 Deputy Coroner
Acute Coronary Occlusion

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings: Of operations _____

Of autopsy History of Inspection

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 A. E. Walker (M.D. or other) M.D.
Address 2800 Main 2/10/47

3. (a) PRINT FULL NAME Louis P. Priest

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Beatrice Priest
6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased February 24 1900
(Month) (Day) (Year)

8. AGE: Years 46 Months 11 Days 15
If less than one day hr. min.

9. Birthplace Falatillo Mississippi
(City, town, or county) (State or foreign country)

10. Usual occupation Car Dept.

11. Industry or business Rock Island Railroad

12. Name William Priest

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

14. Maiden name Mary Barrett

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

16. (a) Informant Rebel Funeral Home

(b) Address 1210 Halle Little Rock Ark

17. (a) Removal (b) Date thereof 2/10/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Rock, Arkansas

18. (a) Signature of funeral director Quirk & Baber Co

(b) Address 20 West Linwood

19. (a) 2-10-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

JUN 18 1947

FEB 25 1947

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 Howard W. Farmer

Licensed Embalmer No. 4134

P. O. Address Kansas City, 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.