S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13614

FILED APR 28 1947

Registration District No. 119 Primary Registration District No. 1002 Registrar's No. 1749

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 40 MINS. (Specify whether years, months or days)
In this community 40 YRS.

2. USUAL RESIDENCE OF DEACESED: 48

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 1516 E. 24TH TERR. 8
(If rural, give location)

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

3. (a) PRINT FULL NAME ETHEL PAGE

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex FEMALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife FRED PAGE

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased FEBRUARY (Month) 3, (Day) 1879 (Year)

8. AGE:

Years	Months	Days	If less than one day
68	2	12	hr. min.

9. Birthplace HOLDEN (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name ASHBY TAYLOR 9
13. Birthplace Unknown (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name LUCRETIA
15. Birthplace KENTUCKY (City, town, or county) (State or foreign country) 1

16. (a) Informant FRED PAGE (HUSBAND)
(b) Address 1516 E. 24TH ST. TERRACE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation Holden, Missouri

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Ave

19. (a) 4-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 15, year 1947 hour 3: minute 40 P.M.

21. I hereby certify that I attended the deceased from APRIL 15, 1947, to APRIL 15, 1947 that I last saw he ALIVE on APRIL 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE — Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 836

Major findings: Of operations

Of autopsy SAME AS ABOVE

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature [illegible] (M. D. or other) M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 4/17/47

(Licensed Embalmer's Statement on Reverse Side)

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.....D J Manlove.....

Licensed Embalmer No.....3994.....

P. O. Address.....5008 Highley.....

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.