

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17364

FILED MAY 26 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2089

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: St. Joseph, R.D.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 Days (Specify whether
in this community 19 Days 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") 8
(d) Street No. 5210-E-28th 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Sue Ann Cozairrell
3. (b) If veteran, name war No
3. (c) Social Security No. none

*MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1947 hour 12:30 minute P. M.
21. I hereby certify that I attended the deceased from
Pathologist to 19...
that I last saw h... alive on... 19...
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive... years
7. Birth date of deceased 4 - 22 1947
(Month) (Day) (Year)

Immediate cause of death Prematurity
Immaturity
Duration

8. AGE: Years Months Days If less than one day
- - 19 hr. min.

Due to
Due to

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

Other conditions
(Include pregnancy within 3 months of death)
159

10. Usual occupation none

PHYSICIAN

MOTHER FATHER

11. Industry or business
12. Name Evelyn Cozairrell
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Gene J. Rogers
15. Birthplace Oklahoma
(City, town, or county) (State or foreign country)

Major findings:
Of operations
Of autopsy As above
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Evelyn Cozairrell
(b) Address 5210-E-28th

22. If death was due to external causes, fill in the following:

17. (a) Removal (b) Date thereof 5-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation

(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?

18. (a) Signature of funeral director Adrian, Mo.
Mrs. C. S. Foster
(b) Address R. C. Mo.

While at work? (Specify type of place) (e) Means of injury

19. (a) 5-12-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Dr. E. Sanders (M. D. or other)
Address St. Joseph Hosp Date signed May 11 1947

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

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.