

S. No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24153
2875
Registrar's No. _____

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Fansas city
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 115 days
(Specify whether years, months or days)

In this community 47 years

3. (a) PRINT FULL NAME Fannie Dauthett

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex Fem 5. Color or race white

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

6. (b) Name of husband or wife A. C. Dauthett dec

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

7. Birth date of deceased 9 - 10 - 1849
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

87 9 20 _____ hr. _____ min.

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

10. Usual occupation _____

11. Industry or business at Home

12. Name Alexander Barrett

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

14. Maiden name Margaret Bailey

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

16. (a) Informant Mabel Dauthett

(b) Address 3016 Tracy

17. (a) Removal (b) Date thereof 7/17/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Richmond, Penn

18. (a) Signature of funeral director Stine-McClure

(b) Address Kansas City, Mo

19. (a) 7-7-47 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 3016 Tracy 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July, day 5th
year 1947 hour _____ minute 37 P M.

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

Immediate cause of death _____

Pneumo-pneumonia

Due to Pneumonia fractured left hip

Due to _____

Other conditions _____
(include pregnancy within 3 months of death)

Major findings: _____

* Of operations _____

1860
18

Of autopsy no

History & Inquest

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) accident

(b) Date of occurrence 6-20-47 12:3

(c) Where did injury occur? KC, Jackson mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? no (Specify type of place)

(e) Means of injury Fall

23. Signature Jimmie Walker (M. D. or other) _____

Address 1474 1/2 11th Date signed 7-5-47

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..... *Robert H Reed*

Licensed Embalmer No..... *3745*

P. O. Address..... *NC 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.