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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31098

Registrar's No. 3885

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: 4204 Locust Street
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether

In this community: 12 years
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")

(d) Street No.: 4204 Locust Street 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Roscoe K. BEST

3. (b) If veteran, name war: no

3. (c) Social Security No.: none

4. Sex: male

5. Color or race: white

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

6. (b) Name of husband or wife: Elmina Best

6. (c) Age of husband or wife if alive: 64 years

7. Birth date of deceased: July (Month) 4, (Day) 1882 (Year)

8. AGE:

Years	Months	Days	If less than one day
65	2	6	hr. min.

9. Birthplace: Clay County, (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Apt. Operator

11. Industry or business: 605 E. 42d St.

FATHER
12. Name: M. D. Best
13. Birthplace: Unknown (City, town, or county) Kentucky (State or foreign country)

MOTHER
14. Maiden name: Nancy Creek
15. Birthplace: Clay County, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant: Mrs. Elmina Best
(b) Address: 4204 Locust, K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-12-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Floral Hills

18. (a) Signature of funeral director: Mellody-McGilley-Eylar
(b) Address: Kansas City, Missouri

19. (a) 9-11-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 10
year 1947 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from January 15, 1947, to Sept 10, 1947
that I last saw him alive on Sept 3, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorrhage

Due to: Arteriosclerosis, Generalized Severe grade.

Due to:

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

Major findings:
Of operations: 8 30
Of autopsy:

Duration

PHYSICIAN

Underline the cause of 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: Richard L. Selmer (M. D. or other) M.D.

Address: 4301 Main Date signed: Sept 11 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lehner
529 Highland

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 Thomas J Carter, Registered Apprentice No. 500, working under my personal supervision.

Signed [signature]

Licensed Embalmer No. 2999

P. O. Address KC

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.