

10-47
17-39
3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42421

State File No. _____

Registration District No. 72

Primary Registration District No. 4-289

Registrar's No. 128

1. PLACE OF DEATH:

(a) County Clay Gallegos Twp.

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

(c) Name of hospital or institution:
Oakwood Park, No. K.C. Mo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
years, months or days) 6 months

In this community _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Mrs. Estella A. Southard

3. (b) If veteran, name war No

3. (c) Social Security No. 497-14-3059

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Morton Southard

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

7. Birth date of deceased May 26th. 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>7</u>	<u>5</u>	_____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Albert S. Newby

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Belle E. Stine

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

16. (a) Informant O. K. Newby

(b) Address Oakwood Park, No. Kansas City

17. (a) Burial (b) Date thereof 1-3-49
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) Jan 1st 49 (b) Beulah Kitchener
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town North Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. Oakwood Park
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 31st.
year 1948 hour 9 minute 40 A. M.

21. I hereby certify that I attended the deceased from 12-10-48
_____, 19____, to death, 19____;
that I last saw h. alive on 12-28-48, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Ca Ulcer

Due to _____

Due to _____

Other conditions 48 B
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 [Signature] (M. D. or other) _____

Address 2025 Swartz Ave. N.K.C. Mo Date signed 12/31/48

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

RECEIVED

District Health Officer No. 8.

District File Number

Date Filed

1-19-49

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 Walter H. Corwin

Licensed Embalmer No. 4357

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.