

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12863**

APR 19 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1577

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>	c. LENGTH OF STAY (In this place) <u>4 MONTHS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1030 GARFIELD</u>		d. STREET ADDRESS (If rural, give location) <u>2417-E-30th St. 3400</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u>	b. (Middle)	c. (Last) <u>DOUGLASS</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAR 29 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>	8. DATE OF BIRTH <u>AUG. 12, 1924</u>
9. AGE (In years last birthday) <u>27</u>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	11. BIRTHPLACE (State or foreign country) <u>WASKON, TEXAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>MATHEW DOUGLASS</u>	
13b. MOTHER'S MAIDEN NAME <u>MATTIE WILLIAMS</u>		14. NAME OF HUSBAND OR WIFE <u>ELEANOR DOUGLASS</u>	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>465-24-4826</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELEANOR DOUGLASS</u> ADDRESS <u>2209 ULINE</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock & Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Arterio-sclerosis</u>		
	DUE TO (c) <u>Shock</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>90!</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT (Specify) <u>Suicide</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <u>1030 Garfield</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson MO</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3/29/52 4:30 PM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Bullet wounds</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Thos. R. Jones</u> (Print name) <u>Thos. R. Jones M.D.</u> (Signature) <u>Gen. Coroner</u>	23b. ADDRESS <u>1612 E 12th</u>	23c. DATE SIGNED <u>3/29/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>4-7-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LINCOLN</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO</u>
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DATE REC'D BY LOCAL REG. <u>4-7-52</u>	REGISTRAR'S SIGNATURE <u>Maldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BRADY-BROWN-1708 TRACY</u>	ADDRESS <u>K.C., Mo.</u>
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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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed.....

William A. Jones
.....
Licensed Embalmer No..... 442

Signed.....
Student Embalmer

P. O. Address *1708 Tray Ave. N*

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.