

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

30753

State File No. \_\_\_\_\_

4190

**FILED OCT 4 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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|--|--|--|--|
| <b>1. PLACE OF DEATH</b>   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).  |  |
| a. COUNTY<br><u>Jackson</u>  |  | a. STATE<br><u>Kansas</u>  |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><u>Kansas City</u> |  | b. COUNTY<br><u>Wyandotte</u>  |  |
| c. LENGTH OF STAY (in this place)<br><u>2 Months</u>   |  | c. CITY OR TOWN<br><u>Kansas City</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Veterans Administration Hospital</u>                 |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |  |
| f. STREET ADDRESS<br><u>631 Everett</u>  |  | g. ZIP CODE<br><u>66108</u>  |  |

|   |                             |                              |  |  |
|---|-----------------------------|------------------------------|--|--|
| <b>3. NAME OF DECEASED</b><br>(Type or Print) |                             |                              | <b>4. DATE OF DEATH</b>                        |  |
| a. (First)<br><u>Sidney</u>                   | b. (Middle)<br><u>(NMI)</u> | c. (Last)<br><u>Northrup</u> | (Month) (Day) (Year)<br><u>August 29, 1954</u> |  |

|                              |   |   |   |   |   |   |
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| <b>5. SEX</b><br><u>Male</u> | <b>6. COLOR OR RACE</b><br><u>Negro</u> | <b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b><br><u>Widowed</u> | <b>8. DATE OF BIRTH</b><br><u>August 28, 1880</u> | <b>9. AGE (In years last birthday)</b><br><u>74</u> | <b>IF UNDER 1 YEAR</b><br>Months _____ Days _____ | <b>IF UNDER 24 HRS.</b><br>Hours _____ Min. _____ |
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| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Unknown</u> | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>Unknown</u> | <b>11. BIRTHPLACE</b> (City and State or Foreign Country)<br><u>St. Joseph, Missouri</u> | <b>12. CITIZEN OF WHAT COUNTRY?</b><br><u>U.S.A.</u> |
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| <b>13a. FATHER'S NAME</b><br><u>Unknown</u> | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Unknown</u> | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>UNKNOWN</u> |
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| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>Yes Spanish American</u> | <b>16. SOCIAL SECURITY NO.</b><br><u>UNKNOWN</u> | <b>17. INFORMANT'S SIGNATURE OR NAME</b><br><u>VA Hospital Records - Kansas City, Missouri</u> | <b>ADDRESS</b><br><u>MISSOURI</u> |
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| <b>18. CAUSE OF DEATH</b><br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Lung abscesses, multiple</u>  |  | <b>INTERVAL BETWEEN ONSET AND DEATH</b><br><u>2 weeks</u> |
|  | <b>ANTECEDENT CAUSES</b><br>DUE TO (b) <u>Carcinoma of esophagus</u>   |  |   |
|  | <b>II. OTHER SIGNIFICANT CONDITIONS</b><br>Conditions contributing to the death but not related to the disease or condition causing death. |  |   |

|                               |   |  |
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| <b>19a. DATE OF OPERATION</b> | <b>19b. MAJOR FINDINGS OF OPERATION</b> | <b>20. AUTOPSY?</b><br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| <b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) | <b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) | <b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> |
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| <b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.) | <b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | <b>21f. HOW DID INJURY OCCUR?</b> |
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**22. I hereby certify that I attended the deceased from June 28, 1954, to August 29, 1954, and that death occurred at 5:30 p.m., from the causes and on the date stated above.**

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| <b>23a. SIGNATURE</b> <u>C. C. Young</u> (Degree or title) <u>M.D.</u> | <b>23b. ADDRESS</b><br><u>VA Hospital, Kansas City, Mo.</u> | <b>23c. DATE SIGNED</b><br><u>8-30-54</u> |
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| <b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><u>Removed</u> | <b>24b. DATE</b><br><u>Sept 4, 1954</u> | <b>24c. NAME OF CEMETERY OR CREMATORY</b><br><u>Westlawn</u> | <b>24d. LOCATION (City, town, or county) (State)</b><br><u>Kansas City, Mo.</u> |
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| <b>DATE REC'D BY LOCAL REG.</b><br><u>9-1-54</u> | <b>REGISTRAR'S SIGNATURE</b><br><u>Sheldine Smith</u> | <b>25. FUNERAL DIRECTOR'S SIGNATURE</b><br><u>Marie Davis</u> | <b>ADDRESS</b><br><u>1415 E. TRUMAN</u> |
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WRITE PLAINLY—USING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Landis H. Jackson*.....

Licensed Embalmer No. *485*

P. O. Address *K. P. Mc...*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.