DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 31695

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 102

**1. PLACE OF DEATH:**

(a) County Jackson FILED OCT 18 1939

(b) City or town Kansas City, Missouri

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

(c) Name of hospital or institution:

Northeast Hospital

(If not in hospital or institution, write street number or location)

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

In this community XXX

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson

(c) City or town XXXXXXX

(If outside city or town limits, write "RURAL")

(d) Street No. XXXXXXXXX

(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Darlene May Cole 400

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife XX

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

7. Birth date of deceased September 10, 1939 (Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 0 If less than one day ..... hr. ..... min.

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

10. Usual occupation XXXX

11. Industry or business XXXXXX

MOTHER FATHER

12. Name James Stephen Cole

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

14. Maiden name Melv May Whetstone

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

16. (a) Informant's own signature James Stephen Cole

(b) Address 609 West Alton, Independence, Mo.

17. (a) Burial (Burial, cremation, or removal) Floral Hills Cemetery (b) Date thereof Sept. 11, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Sheil Funeral Home

(b) Address 6606 Independence Ave. K.C.Mo.

19. (a) Sept 11 1939 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10th day Sept. year 1939 hour ..... minute ..... M.

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

| | Duration |
|---|---|
| Immediate cause of death Stillborn | |
| Due to Placenta Previa | |
| Due to Abruptive | |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations .....
Of autopsy .....

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) .....

(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 .....

23. Signature Dr Frank E Clay D O (M. D. or other)

Address 4316 E 9th. KCMo Date signed 9-11-39

(Licensed Embalmer's Statement on Reverse Side)

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 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.....

Licensed Embalmer No.....

P. O. Address.....

**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, above space should be left blank.**