

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

9882

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

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1316

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:  
K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution 2 days (Specify whether  
In this community 20 years years, months or days)

3. (a) PRINT FULL NAME CHARLES ROSHER 21-0

3. (b) If veteran, name war Unk. 3. (c) Social Security No. Unk.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.

6. (b) Name of husband or wife No record 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Jan. Unk 1863  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>77</u>	<u>2</u>	<u>Unk</u>	hr. _____ min.

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

10. Usual occupation None

11. Industry or business NA

MOTHER FATHER  
 { 12. Name No record  
 { 18. Birthplace No record  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name No record  
 { 15. Birthplace No record.  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record clerk  
(b) Address K.C. General Hospital, K.C., Mo.

17. (a) Removal (b) Date thereof 3 25 40  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Kirksville, Missouri

18. (a) Signature of funeral director Wailert Funeral Home  
(b) Address 2332 Monitor Place K.C. Mo.

19. (a) Mch 25, 1940 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 121 Missouri Avenue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27th  
year 1940 hour 1 minute 15 A.M. M.

21. I hereby certify that I attended the deceased from 2-25-40, 19\_\_\_\_, to 2-27-40, 19\_\_\_\_;  
that I last saw him alive on 2-27-40, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease. Duration \_\_\_\_\_

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy None

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?

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature C. P. De Maria (M. D. or other) \_\_\_\_\_  
Address Supt. C. P. De Maria Hospital, K.C., Mo. Date signed \_\_\_\_\_

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.

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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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Blaine E. Walcutt

Licensed Embalmer No. 4075

P. O. Address 2392 Monitor Place

**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.**