DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24455

Registrar's No. 3065

Registration District No. 399 Primary Registration District No. 1002

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7-22-40 - 7-27-40 (Specify whether years, months or days)
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3510 Drury
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ... years

3. (a) PRINT FULL NAME Ike Stokes 37?
3. (b) If veteran, name war No
3. (c) Social Security No. unknown
4. Sex Male
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive -- years
7. Birth date of deceased Dec (Month) 7 (Day) 1887 (Year)
8. AGE: Years 52 Months 7 Days 20 If less than one day ... hr. ... min.
9. Birthplace (City, town, or county) Alabama (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant's own signature Record Clerk
(b) Address General Hospital #2
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-6-1940 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn
18. (a) Signature of funeral director Nathan Shelter
(b) Address 1520 N. 5th Street
19. (a) July 31, 1940 (Date received local registrar) (b) B. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 27 year 40 hour 10 minute 40 P. M.
21. I hereby certify that I attended the deceased from 7-22- 1940 to 7-27- 1940 that I last saw him alive on 7-27- 1940 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Coma | |
| Diabetes | |
| Due to Prob. Mercurial Poisoning | |
| Due to Chronic passive congestion of liver spleen and kidneys | |
| Other conditions (Include pregnancy within 3 months of death) 59 | |

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 G. C. Turner (M.D. or other)
Address Gen. Hosp. #2 Date signed 7-30-40

(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 Nathan Whatcher

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th

**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.**