No. 2
11-10-39
4-17-39
I X21492

FILED OCT 11 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30903

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3466

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

1. PLACE OF DEATH:

(a) County Jackson

(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: General Hospital No. 2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo. (If outside city or town limits, write "RURAL")

(d) Street No. 1014 E. 22 (If rural, give location)

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

3. (a) PRINT FULL NAME Sylvester B Criss SYLVESTER, B. C RISS

3. (b) If veteran, name war no

3. (c) Social Security No. no 499-09-3386

4. Sex MALE

5. Color or race Negro

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

6. (b) Name of husband or wife Ethel Winn

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

7. Birth date of deceased May (Month) 7 (Day) 1901 (Year)

8. AGE: Years 39 Months 3 Days 24 If less than one day ____ hr. ____ min.

9. Birthplace Weston Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Common Labor 0

11. Industry or business 0

FATHER
12. Name Samuel Criss
13. Birthplace Weston Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Williams
15. Birthplace Weston Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Mildred Thompson

(b) Address 1014 E 22, K.C. Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof ____ (Month) (Day) (Year)

(c) Place: burial or cremation Laural Hill Cem Weston Mo

18. (a) Signature of funeral director W. R. Vaughn

(b) Address Weston, Missouri

19. (a) Sept. 4, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 1-40 year ____ hour ____ minute 3:20 A.M.

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

Deputy Coroner

Immediate cause of death Hemopericardia & Hemothorax

Due to Stab wound of Chest

Due to ____

Other conditions (Include pregnancy within 3 months of death) 173

Major findings: Of operations ____

Of autopsy ____

Duration

PHYSICIAN 173

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) Homicide

(b) Date of occurrence 9-1-40

(c) Where did injury occur? Kansas City Jackson Mo (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 5

23. Signature Russell W. Kerr (M. D. or other)

Address K.C. Date signed ____

(Licensed Embalmer's Statement on Reverse Side)

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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1811 E. 12th K.C.

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.