No. 2
11-10-39
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 11 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30976

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3539

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

(d) Length of stay: In hospital or institution 1 Mo. & 9 days (Specify whether years, months or days)

In this community 14 Years

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. 1119 East 8th St. (If rural, give location)

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

3. (a) PRINT FULL NAME Ruth Rector

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Bernard A. Rector

6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased July 19, 1908 (Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 18 If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Hanry Gardner

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

MOTHER 14. Maiden name Gertrude Livingston

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

16. (a) Informant Bernard A. Rector

(b) Address 1119 East 8th

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-10-40 (Month) (Day) (Year)

(c) Place: burial or cremation Wathena, Kansas

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) Sept. 9, 1940 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 7th year 1940 hour 6 minutes P. M.

21. I hereby certify that I attended the deceased from 7-29-40, 19__, to 9-7-40, 19__; that I last saw him alive on 9-7-40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Tuberculosis of kidney	
Due to	
Due to 3D	
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? (Specify type of place)

While at work? (e) Means of injury !

23. Signature Drury R. Thone (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital 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 Clarence W Chiles

Licensed Embalmer No. 3473

P. O. Address 76 C M O

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.