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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **34410**

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **33926**

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 St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days
6 Mos. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mr. James Robert Underwood

3. (b) If veteran, name war World War 3. (c) Social Security No. 702-16-7640

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Laura Underwood 6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased November 15, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>10</u>	<u>25</u>	hr. _____ min. _____

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

10. Usual occupation Locomotive Engineer

11. Industry or business Missouri Pacific R.R.

MOTHER FATHER
12. Name Thomas Andrew Jackson Underwood

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

14. Maiden name Unknown Mary Elizabeth Coleman

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

16. (a) Informant Laura Underwood

(b) Address 217 No. Mersington

17. (a) Burial (b) Date thereof 10-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cem.

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-11-40 (b) M. M. Brown
(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. 217 North Mersington
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 10th year 1940 hour 3 minute 30 P. A. M.

21. I hereby certify that I attended the deceased from Aug, 1940, to Oct 10, 1940
that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis, 4 days, myocardial infarct.

Due to Coronary atherosclerosis ?

Due to _____

Other conditions (Include pregnancy within 3 months of death) 94B

Major findings: Of operations _____

Of autopsy as above

Duration

4 days

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? _____

23. Signature Hubert M. Gable (Specify type of placard) _____ (M. D. or other) _____
Address 736 Asaph Date signed _____

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

150
2:45
5:31
Wright
1009

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.....

Kenneth Page Duff

Licensed Embalmer No.....

4125

P. O. Address.....

1309 Emerald

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, fact should be so stated above.