No. 2
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17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

37736

State File No. 4334

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

FILED DEC 11 1940

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

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: 3925 Roanoke Road 3rd Floor Death (If not in hospital or institution, write street number or location)

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

In this community 48 Years years, months or days)

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. 3925 Roanoke Road 3rd Floor No. (If rural, give location)

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

3. (a) PRINT FULL NAME Mr. George Paul Paradis

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife ----

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

7. Birth date of deceased December (Month) 16 (Day) 1883 (Year)

8. AGE: Years 56 Months 10 Days 28 If less than one day ___ hr. ___ min.

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

10. Usual occupation Restaurant Operator

11. Industry or business Netherland's Grill-39th & Main

FATHER
12. Name Samuel Paradis
13. Birthplace (City, town, or county) Canada (State or foreign country)

MOTHER
14. Maiden name Marguerite Bedard
15. Birthplace (City, town, or county) Canada (State or foreign country)

16. (a) Informant T. J. Paradis

(b) Address RR 4 Box 410 Independence Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 13, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

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

(b) Address 1401 Brush Creek Blvd.

19. (a) 11-14-40 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 13th year 1940 hour 10 minute 15 A. M.

21. I hereby certify that I attended the deceased from June 12, 1940 to Nov 13, 1940 that I last saw h___ alive on ___, 19___; and that death occurred on the date and hour stated above.

Immediate cause of death Anurism of ascending - Transverse and descending aorta

Due to (Sues) Carcinoma of Thyroid

Due to Gland

Other conditions (Include pregnancy within 3 months of death) 53

Major findings:
Of operations ✓
Of autopsy ✓

Duration

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) no

(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 W. A. Miller (M. D. or other)

Address 800 Argyle Date signed 11-14-40

(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 H C Newcomer Jr

Licensed Embalmer No. 4045

P. O. Address K.C. Mo

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.