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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42735
Registrar's No. 299

Registration District No. 998

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Independence
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1448 North Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (If rural, give location)
years, months or days) 2

3. (a) PRINT FULL NAME James Ralph M. Council

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 28 - 1937
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation Child

11. Industry or business _____

12. Name James Ralph M. Council Sr

13. Birthplace East of Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Wright B. Perkins

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

16. (a) Informant James Ralph M. Council Sr

(b) Address Independence, Mo

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

(c) Place: burial or cremation Wood Lawn Cem

18. (a) Signature of funeral director W. P. Carson

(b) Address Independence, Mo

19. (a) DEC 3 40 (Date received by registrar) (b) F. L. Cook M.D. (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Independence Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 2 - 40
year _____ hour _____ minute 10 A M.

21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____

that I last saw him alive on _____, 19____ and the death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Death by Drowning
Due to _____

Due to _____

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

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) Accident

(b) Date of occurrence 12-2-40

(c) Where did injury occur? Independence, Jackson, Mo
(City or town) (County) (State)

(d) Did injury occur in or about _____ (home) on farm, in industrial place, in public place?

360 While at work _____ (Specify type of place) _____
(e) Means of injury fall from pond

23. Signature Desuller (M. D. or other) 5

Address K.C. Mo Date signed _____

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

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 *Raymond N. Martin*

Licensed Embalmer No. *4150*

P. O. Address *Independence, 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.