

No. 2
-13-40
-17-39
K23159

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1219
179
Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH: Jackson
 (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 No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 25 Yrs.
(Specify whether years, months or days)
 In this community _____

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. 1750 Holly
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Harry D. Korraine
 (b) If veteran, name war _____
 (c) Social Security No. 494-16-8392

4. Sex Male
 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 (b) Name of husband or wife Agnes Lorraine
 (c) Age of husband or wife if alive 50 years
 7. Birth date of deceased Sept. 7, 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 4 Days 5
 If less than one day hr. _____ min.

9. Birthplace Des Moines, Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Plumber

11. Industry or business _____

MOTHER FATHER {
 12. Name Harry Lorraine
 13. Birthplace Iowa
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Agnes Lorraine

(b) Address 1750 Holly

17. (a) Burial (b) Date thereof 1-15-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Bentley Mortuary

(b) Address City

19. (a) Jan 13 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 12th
 year 1941 hour 12 minute 25 P. M.

21. I hereby certify that I attended the deceased from 1-6-1941 to 1-12-1941
 that I last saw him alive on 1-12-1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia and Bronchopneumonia

Due to Chronic glomerular nephritis and Diabetes

Due to _____

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

Major findings: 61
 Of operations _____
 Of autopsy See above

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? _____

While at work? _____
(Specify type of place) (e) Means of Injury 6

23. Signature Drury R. Shorn (M. D. or other) _____
 Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed _____

Duration
 PHYSICIAN
 Underline the cause to which death should be charged statistically.

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 *Guy Buffington*
Licensed Embalmer No. *7456*
P. O. Address *P. O. Box 100*

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.

By N. C.