

No. 2
4-13-40
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5701**
Registrar's No. **473**

MAR 14 1941 399
Registration District No. _____

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **1512 Garfield**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 years** (Specify whether years, months or days)
In this community **18 years**

3. (a) PRINT FULL NAME **Cornelius Kitchen**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **None**

4. Sex **Male**
5. Color or race **Col**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Sedonia Kitchen**
6. (c) Age of husband or wife if alive **23** years (Month) (Day) (Year)
7. Birth date of deceased **October 23 1873** (Month) (Day) (Year)

8. AGE: Years **67** Months **3** Days **6** If less than one day hr. min.

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

10. Usual occupation **Cabinet Maker**

11. Industry or business _____

MOTHER FATHER { 12. Name **James Kitchen**
13. Birthplace **Texas** (City, town, or county) (State or foreign country)
14. Maiden name **Fletcher**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Maudie Williams**
(b) Address **1512 Garfield**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **2/1/41** (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Patrick Bros**
(b) Address **1729 Myrtle**

19. (a) **2-1-41** (Date received local registrar) (b) **M. M. Brown** (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. **1512 Garfield** (If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **29** year **1941** hour **2** minute **26** P. M.

21. I hereby certify that I attended the deceased from **1/24/1941** to **1/29/1941** that I last saw him alive on **1/29/1941** and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Hemorrhage**
Due to **108**
Due to **108**
Other conditions: **12 Lobar Pneumonia**
(Include pregnancy within 3 months of death)
Major findings: **None**
Of operations **None**
Of autopsy **None**

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) _____
(b) Date of occurrence _____
(c) Where did injury occur? **None** (City & town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **361**

23. Signature **Ernest Perry** (M. D. or other) **P**
Address **1214 Olive St. K. C. Mo** Date signed **1/31/41**

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.....

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St

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.