

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

9696
1105

Registration District No. 99

Primary Registration District No. 1002

Registrar's No.

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: 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 1 Mo. & 23 days
(Specify whether
In this community 20 yrs
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. 5001 East 34th St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16th
year 1941 hour 5:00 P.M. minute _____ M.
21. I hereby certify that I attended the deceased from
1-21-41 19____ to 3-16-41 19____;
er 3-16-41 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death: Intertrochanteric fracture right femur
Duration _____
Due to _____
Due to _____

Other conditions: Brown atrophy of heart; vascular
(Include pregnancy within 3 months of death)
nephritis and bronchopneumonia

Major findings:
Of operations _____
Of autopsy: See above
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) acc
(b) Date of occurrence Jan 21, 1941
(c) Where did injury occur? Jackson Co Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
unknown
While at work? _____ (Specify type of place)
(b) Means of injury fall
23. Signature Drury P. Thore (M. D. or other)
Address Med. Dir. K. C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME Elizabeth Parsons

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex ♀ 5. Color or race Wht 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
No date 1856
(Month) (Day) (Year)

8. AGE: Years 85 Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace Savannah MO D
(City, town, or county) (State or foreign country)

10. Usual occupation None

MOTHER FATHER { 11. Industry or business _____
12. Name John ~~son~~ Mauritzius
13. Birthplace Holland
(City, town, or county) (State or foreign country)
14. Maiden name No Data
15. Birthplace No Data 9
(City, town, or county) (State or foreign country)

16. (a) Informant Earl Stigerson
(b) Address Platte City Mo

17. (a) Burial (b) Date thereof 3/18/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Banner Sprge Ks

18. (a) Signature of funeral director William J. ...
(b) Address K. C. Ks

19. (a) 3/17/1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

R. Simmons

Licensed Embalmer No.

3903

P. O. Address

K. C. K.

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.