No. 2
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X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 1 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13374

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1355

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. Municipal Tuberculosis Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 mo. - 23 da. (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City, Mo. 2
(If outside city or town limits, write "RURAL")

(d) Street No. 1301 Brooklyn ave. 8
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Clyde Abbott

3. (b) If veteran, name war None

3. (c) Social Security No. 513-03-0903

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Odessa Abbott

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

7. Birth date of deceased April (Month) 18 (Day) 1895 (Year)

8. AGE: Years 45 Months 11 Days 13 If less than one day hr. min.

9. Birthplace Eskridge (City, town, or county) Kans 1 (State or foreign country)

10. Usual occupation Janitor

11. Industry or business

FATHER
12. Name Abbott, Amos
13. Birthplace 2 (City, town, or county) 7 (State or foreign country)

MOTHER
14. Maiden name Jones, Mary
15. Birthplace (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant K.C. M.T.B. Hosp.
(b) Address K.C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Watkins Bros.
(b) Address 1729 Lydia

19. (a) Apr 7, 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day first year 1941 hour 5 minute 25 a.M.

21. I hereby certify that I attended the deceased from January 1 ~~1941~~ 1941, to April 1 1941 that I last saw him alive on April 1 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis Far Advanced

Due to 13 B

Due to 13 B

Other conditions Laryngeal tuberculosis
(Include pregnancy within 3 months of death)

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)
(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 0

23. Signature C. Heyer, M.D. (M. D. or other)
Address Date signed

(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 Isaac Jerome Manlove

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 wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.