

No. 2
-13-40
17-39,
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1944
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13390

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1321

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: 936 Genesee
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community unknown (Specify whether 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. 936 Genesee (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 4 year 1944 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from 8-15-44 to 8-19-44; that I last saw him live on 8-19-44 and that death occurred on the date and hour stated above. Immediate cause of death _____

3. (a) PRINT FULL NAME WILLIAM OVERSTREET

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

4. Sex male 5. Color or race negro 6. (a) Single, widowed, married, divorced unknown

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

7. Birth date of deceased unknown 1874
(Month) (Day) (Year)

8. AGE: Years 67 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation unknown

11. Industry or business none

12. Name unknown

13. Birthplace unknown
(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 Coroner's office

(b) Address Kansas City, Mo.

17. (a) Burial (b) Date thereof 4-5-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Dr. Sterling Kelly
(b) Address 1811 E. 17th St. Kansas City, Mo.

19. (a) Apr 9 1944 (b) M. M. Crown
(Date received by local registrar) (Registrar's signature)

Duration _____
Due Chronic myocarditis
Due to 937
Other conditions 937
(Include pregnancy within 3 months of death)
Major findings: _____
Of operations _____
Of autopsy Inspection
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? _____
While at work? _____ (Specify time of day) (e) Means of injury 3
23. Signature W. M. Crow (M. D. or other) _____
Address K.C. Mo. Date signed _____

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

MOTHER FATHER

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

E. Sterling Bullis

Licensed Embalmer No. *3178*

P. O. Address *1811 E 12th St KC*

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.