

No. 2
1-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13622
Registrar's No. 1603

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson
(a) County Kansas City
(b) City or town Kansas City
(c) Name of hospital or institution: 3532 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME Mrs. Martha King

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife No Record 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased No Record
(Month) (Day) (Year)

8. AGE: Years app. 75 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace No Record (City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name No Record

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Coroner's Office

(b) Address Court House

(a) Burial (b) Date thereof 4/23/41
(City or town) (County) (State) (Month) (Day) (Year)

(c) Place of burial or cremation Forest Hill Cem.

18. (a) Signature of funeral director Quirk and Tobin Co.
(b) Address H. C. Co.

19. (a) Apr 23 1941 (b) M. M. Crown
(Date received local registrar) (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. 3532 Troost
(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 17 1941
year _____ hour _____ minute _____

21. I hereby certify that I attended the deceased from 4:15 P.
to _____ 19____;
that I last saw _____ alive on _____ 19____;
and that he died on the date and hour stated above.
Immediate cause of death _____

Due to Chronic myocarditis
Due to 92H
Other conditions 92H
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy Inspection

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? _____

While at work? _____ (Specify type of place)
Means of injury 3

23. Signature [Signature] (M. D. or other)
Address H. C. Co. Date signed _____

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

8
3
8

Removed to
Burial to
Forest Hill Cem.

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.

P. O. Address.....

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.