

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

13724

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1705

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: Polyclinic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Days
(Specify whether years, months or days)
In this community 32 Years

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. 2316 Poplar Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. --- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd
year 1941 hour 8 minute 12 P.M.

21. I hereby certify that I attended the deceased from October 5, 1940
to April 22, 1941
that I last saw him alive on April 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Edema
Acute Parenchymatous Nephritis
Hypertrophic Arteriosclerosis
Due to Arterio Sclerosis
Chronic Myocarditis
Other conditions: 12413
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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

23. Signature Anthony J. Blum (M. D. or other)
Address 2624 Delaplane Blvd. Date signed 4/23/41

3. (a) PRINT FULL NAME Mrs. Ida Webster

3. (b) If veteran, name war No 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Mr. William Webster 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased June 8 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 10 14 hr. min.

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

10. Usual occupation None

11. Industry or business At Home

12. Name Harvey Ray

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Hill

15. Birthplace Unknown New Jersey
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Gertrude Pottis

(b) Address Leon Iowa

17. (a) Burial (b) Date thereof May 1, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.
Apr 29 1941 (c) M. M. Crow
(Date received local registrar) (Registrar's signature)

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.