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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

15222

Registration District No. 569

Primary Registration District No. 5-7-6-2-576

State File No. _____

Registrar's No. 45

1. PLACE OF DEATH:

(a) County MISSISSIPPI

(b) City or town WYATT RURAL

(c) Name of hospital or institution: _____

(d) Length of stay: In hospital or institution _____

In this community 1 year

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY

(d) Street No. 1326 EAST 16TH ST

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

3. (a) PRINT FULL NAME ALICE HARRIS

(b) If veteran, name war No

(c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 6TH year 1941 hour 6 minute 15 P.M.

4. Sex FEMALE 5. Color or race COLOR

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife _____

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

7. Birth date of deceased December 17th 1876

21. I hereby certify that I attended the deceased from July 1, 1940 to April 6, 1941; that I last saw him alive on April 1, 1941 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>64</u>	<u>3</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death Coronary - arterial - vascular Disease & Apoplexy

Due to _____

9. Birthplace EDWARDS MISSISSIPPI

Due to _____

Other conditions None

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER

12. Name JERRY GOAD

13. Birthplace NK

14. Maiden name NK

15. Birthplace NK

Major findings: _____

Of operations _____

Of autopsy _____

16. (a) Informant EUGENE ALLEN

(b) Address WYATT, Mo Gen Dal

17. (a) BURIAL (b) Date thereof 4-7-41

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? _____

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(c) Place: burial or cremation OAK GROVE - CHARLESTON, MO

18. (a) Signature of funeral director LAIR NUNNELES

(b) Address CHARLESTON, MO

19. (a) 4-9-41 (b) J Dorman

(Specify type of place) _____

While at work _____ (e) Means of injury _____

23. Signature Eugene Allen (M. D. or other) _____

Address 1302 1/2 Wash. Ave Date signed 4/8/41

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

RECEIVED

District Health Officer No. 2

District File Number 541-2

Date Filed 5/8/41

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 *John F. Kinnick Jr.*
Licensed Embalmer No. 3851
P. O. Address *Charleston W. Va.*

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.