S. No. 2
—1-4-41
. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17167

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No. 1829

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: General Hospital #2 (If not in hospital or institution, write street address or location) 1941 10:55
(d) Length of stay: In hospital or institution ..... In this community 18 yrs (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") 3
(d) Street No.: 5521 Harrison St (If rural, give location) 8
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Caroline Graves

3. (b) If veteran, name war: no
3. (c) Social Security No.: None

4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Widowed
6. (c) Age of husband or wife if alive: ---- years
7. Birth date of deceased: July (Month) 22 (Day) 1882 (Year)

8. AGE: Years 58 | Months 8 | Days 11 | If less than one day ..... hr. ..... min.

9. Birthplace: Woodville (City, town, or county) Miss (State or foreign country)
10. Usual occupation: Cook
11. Industry or business: Cooking

FATHER
12. Name: John Stuart
13. Birthplace: Woodville (City, town, or county) Miss (State or foreign country)

MOTHER
14. Maiden name: Ellen Jones
15. Birthplace: Woodville (City, town, or county) Miss (State or foreign country)

16. (a) Informant: Clara Dogle
(b) Address: 1114 A Armstrong
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-11-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Woodlawn Cemetery
18. (a) Signature of funeral director: Logle Bro
(b) Address: 1708 Troost
19. (a) May 19 1941 (Date received by local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 6 year ..... hour 7:10 A.M. minute ..... M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw h alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death: Acute pulmonary edema

Due to: Congestion

Due to: Appendical fistula

Other conditions (Include pregnancy within 3 months of death): Spontaneous cerebral hemorrhage

Major findings:
Of operations: 4/28 R
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 .....

23. Signature: Beverly Neale (M. D. or other)
Address: K.C. Mo Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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

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 C. H. West

Licensed Embalmer No. 2710

P. O. Address Kansas City, MO.

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.