No. 2
-1-4-41
5-17-39
I X26390

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

FILLED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17239

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1901

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Mo (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Wesley Hospital O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 days (Specify whether

In this community ~~Jerry Joe Sole~~ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City Mo 3 (If outside city or town limits, write "RURAL")

(d) Street No. 411 W 14th 8 (If rural, give location)

(e) Citizen of foreign country? O (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Jerry Joe Sole

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced 1 child

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 11 (Day) 1938 (Year)

8. AGE: Years 3 Months Days 3 If less than one day hr. min.

9. Birthplace Windsor (City, town, or county) O Missouri (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Monroe E Sole
13. Birthplace Windsor (City, town, or county) O Mo (State or foreign country)

MOTHER
14. Maiden name Doris Dickly
15. Birthplace unknown (City, town, or county) O unknown (State or foreign country)

16. (a) Informant A E Sole

(b) Address Windsor, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-15-41 (Month) (Day) (Year)

(c) Place: burial or cremation Windsor Mo.

18. (a) Signature of funeral director Huston-Turner

(b) Address Windsor Mo

19. (a) May 14-41 (Date received local registrar) (b) M. McCrowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 14 year 1941 hour 12:10 minute P M.

21. I hereby certify that I attended the deceased from May 3 1941 to May 13 1941 that I last saw him alive on May 13 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia double — Duration 10 days

Due to He has had pertussis for 6 weeks

Due to (9) 9

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Lobar Pneumonia

Of autopsy yes

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) no

(b) Date of occurrence no

(c) Where did injury occur? no (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? no (e) Means of injury no

23. Signature J. F. Mackey (M. D. or other)

Address Kansas City Mo Date signed 5-13-41

(Licensed Embalmer's Statement on Reverse Side)

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 Ellen M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.