. No. 2
—1-4-41
5-17-39
PI X28390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17319 1981

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

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:
7220 Wabash Avenue /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
(Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7220 Wabash Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country --- 0

3. (a) PRINT FULL NAME Mr. George W. South, Jr.
3. (b) If veteran, name war World War Vet.
3. (c) Social Security No. 487-07-4588
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Emma South
6. (c) Age of husband or wife if alive 42 years
7. Birth date of deceased June (Month) 19 (Day) 1895 (Year)

8. AGE: Years	Months	Days	If less than one day
45	11	1	hr. min.

9. Birthplace Kansas City (City, town, or county) 0 Missouri (State or foreign country)
10. Usual occupation Salesman
11. Industry or business Townsend Pubg. Company
FATHER
12. Name George W. South, Sr.
13. Birthplace (City, town, or county) / Ohio (State or foreign country)
MOTHER
14. Maiden name Minnie A. Zwanziger
15. Birthplace Humbolt (City, town, or county) / Kansas (State or foreign country)
16. (a) Informant Mrs. Emma South
(b) Address 7220 Wabash
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 22, 1941 (Month) (Day) (Year)
(c) Place; burial or cremation Forest Hill Cem.
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) May 20 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20th year 1941 hour 9 minute 45 A. M.
21. I hereby certify that I attended the deceased from Dec. 15, 1940 to May 20, 1941; that I last saw him alive on May 19, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure & Hemorrhagic Nephritis — Duration 12/15/40

Due to Coronary Thrombosis Recurrent (4 attacks in 4 yrs.

~~Due to~~ Chronic Hypertension starting in 1935

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations none 131 b
Of autopsy none

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 ✓
(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 0
23. Signature Glen H Brayles (M. D. ~~or other~~)
Address 1232 Professional Bldg Date signed 5/20/41

(Licensed Embalmer's Statement on Reverse Side)

FEB 23 19[illegible]

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. Harvey Dunsenber

Licensed Embalmer No. 4070

P. O. Address K. C. M

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

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

S No. 2B
2-21-40
X22659

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

FILED JUN 10 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17391

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 1981

SUPPLEMENTARY

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: 1220 Wabash
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State ..... (b) County .....

(c) City or town .....
(If outside city or town limits write "RURAL")

(d) Street No. .....
(If rural, give location)

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

3. (a) PRINT FULL NAME: George W South Jr

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex Male

5. Color or race .....

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased ..... (Month) ..... (Day) ..... (Year)

8. AGE: Years 45 | Months | Days | If less than one day ..... hr. ..... min.

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

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name .....
13. Birthplace ..... (City, town, or county) ..... (State or foreign country)

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

16. (a) Informant .....
(b) Address .....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof ..... (Month) (Day) (Year)
(c) Place: burial or cremation .....

18. (a) Signature of funeral director .....
(b) Address .....

19. (a) May 20 41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 20 year 1941 hour ..... 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.

	Duration
Immediate cause of death: Chr Myocardial failure	
Int. acute hemorrhagic	
Due to: Nephritis 12-15-40	
Due to: Coronary Thrombosis	
Recurrent (4 attacks in 4 yrs)	
Other conditions (Include pregnancy within 3 months of death): Chronic Hypertension	
Major findings: Of operations: Stafford in 1935	
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? ..... (Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature ..... (M. D. or other) .....
Address ..... Date signed .....

S-17319