

S. No. 2
-11-10-39
5-17-39
PI X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27424
3082
Registrar's No. _____

Registration District No. 399

Primary Registration District No. 1002

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: St. Joseph Hospital,
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days (Specify whether years, months or days) 0
In this community all his life,

3. (a) PRINT FULL NAME William H. Launder, Jr.
8. (b) If veteran, name war X 8. (c) Social Security No. _____

4. Sex Male 0 5. Color or race White, 0 6. (a) Single, widowed, married, divorced Single, 0
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased October 18 1921
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
19 9 25 hr. min.

9. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student,

11. Industry or business X

MOTHER FATHER { 12. Name: William H. Launder, Sr.,
18. Birthplace Missouri, 0
(City, town, or county) (State or foreign country)
14. Maiden name Marie Moore,
15. Birthplace New Jersey, 1
(City, town, or county) (State or foreign country)

16. (a) Informant William Launder,
(b) Address 3535 Charlotte St., Kansas City, Mo.

17. (a) Burial, (b) Date thereof 8-16-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery,

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C. Mo.

19. (a) 8/17/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri, (b) County Jackson, 041
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3535 Charlotte Street,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? X years. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13th,
year 1941 hour 12:10 minute P. M.

21. I hereby certify that I attended the deceased from August 7, 1941 to August 13, 1941;
that I last saw him alive on August 13, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcus Peritonitis
Duration Unknown

Due to _____
Due to 129

Other conditions: _____
(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)
(e) Means of injury _____

23. Signature Harold A. Bellett (M. D. or other) _____
Address 1132 Prof. Bldg. K. C. Mo. Date signed 8/14/41

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

5030

124298

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 Felix Benz

Licensed Embalmer No. 04127

P. O. Address Kansas City

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, above space should be left blank.