

SEP 12 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27428
State File No. _____
3086
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 give township)
(c) Name of hospital or institution
801 Euclid Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community 10 years (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")
(d) Street No. 801 Euclid Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13
year 1941 hour 10:30 minute _____ M.
21. I hereby certify that I attended the deceased from July 16
1941 to Aug 13 1941
that I last saw her alive on 8/13 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Phthisis Duration 2 yrs
Due to T. B. Bacilli
Due to Sepsis 13 B
Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature Lon. M. Tillman M. D. or other _____
Address 1618 Lydia Date signed 8/14/41

3. (a) PRINT FULL NAME MAGUERITE PRICE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 3 5. Color or race negro 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 21 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 11 Days 22 If less than one day hr. _____ min. _____

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

10. Usual occupation unemployed

11. Industry or business _____

12. Name Howard Price

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

14. Maiden name Leavetta (Dobson)

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

16. (a) Informant Mrs Ceola Mayfield

(b) Address 801 Euclid Ave

17. (a) Burial (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Great Bend, Mo

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E 18th St

19. (a) 8/14/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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

48
896

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 me

AB Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed AB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

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.