

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

27512
State File No. 3170

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: JACKSON
(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: 217 ADMIRAL BLVD.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11
In this community Unknown Specify whether years, months or days

3. (a) PRINT FULL NAME CHARLES W DEWITT
(b) If veteran, name war
(c) Social Security No.

4. Sex MALE 0
5. Color or race WHITE 9
6. (a) Single, widowed, married, divorced Unknown
(b) Name of husband or wife Unknown
(c) Age of husband or wife if alive, years 1865
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 76 Months — Days — If less than one day hr. min.

9. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

10. Usual occupation PEASON

11. Industry or business

MOTHER FATHER { 12. Name DO NOT KNOW 9
13. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)
14. Maiden name DO NOT KNOW 9
15. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant DO NOT KNOW 9
(b) Address 100 YMO

17. (a) BURIAL (b) Date thereof AUG 23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MAPLE HILL A.C.S.

18. (a) Signature of funeral director PASSANTINO BROS.

(b) Address 8723 141 K.C. MO

19. (a) Date received local registrar 8/23/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 042
(a) State MO (b) County JACKSON 3
(c) City or town KANSAS CITY MO
(If outside city or town limits, write "RURAL")
(d) Street No. 217 ADMIRAL BLVD.
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month AUG day 22
year 1941 hour 1 minute 10 P.M.

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

Immediate cause of death
Arteriosclerotic
heart disease -
Due to 938

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection
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?

While at work (Specify type of place) Means of injury 8257

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

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.....

Park H. Rowe.

Licensed Embalmer No. *2347*

P. O. Address *15 C. m.*

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.