No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILLED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30850

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3608

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution: 1 1/2 mile E of Miss Pass Bridge & Blue 2 River
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 49

(c) City or town K.C. 3
(If outside city or town limits, write "RURAL")

(d) Street No. Unknown 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME UNIDENTIFIED

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

4. Sex M D 5. Color or race W 6. (a) Single, widowed, married, divorced Unkn

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

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

8. AGE: Years about 60 Months — Days — If less than one day ..... hr. ..... min.

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

10. Usual occupation Unknown 9

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace " 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " 9 (City, town, or county) (State or foreign country)

16. (a) Informant None

(b) Address Removal

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/29/41 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem K.C.

18. (a) Signature of funeral director (Sebbeto) T. Carroll

(b) Address City

19. (a) 9/28/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month ..... day 9.27.41
year ..... hour ..... minute ..... A.M.

21. I hereby certify that I attended the deceased from 800 P.M. ....., 19..., to ....., 19...;
that I last saw ..... alive on ....., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Chronic myocarditis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations 930

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 [signature] (M. D. or other) 2

Address K.C. Mo Date signed .....

(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 Ray E Sirow

Licensed Embalmer No. 2560

P. O. Address 1807 E 29th

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.