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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33793

FILED NOV 13 1941

Primary Registration District No. 1002

Registrar's No. 3725

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

1. PLACE OF DEATH: Jackson

(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: 1616 Holmes
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson ⁰⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. 1616 Holmes (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gladys Koske

3. (b) If veteran, name war XX

3. (c) Social Security No. XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year _____ hour _____ minute 30 M.

4. Sex Fe. 5. Color or race Wh.

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

6. (b) Name of husband or wife Ed. J. Koske

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 16, 1898
(Month) (Day) (Year)

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

Immediate cause of death _____

8. AGE: Years Months Days If less than one day

43 1 19 hr. _____ min.

Due to Toxic Nodular Catarrhs

Due to Drug Poisoning; drug undetected

Other conditions Comp. of nitrogen

Major findings: Of operations 179-X

Of autopsy 13

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

10. Usual occupation House wife

11. Industry or business _____

12. Name Fred Patterson

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

14. Maiden name Anna Mitchell

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

16. (a) Informant Ed. J. Koske

(b) Address 1616 Holmes

17. (a) Burial (b) Date thereof 10/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Hope, K. C. K.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address Kansas City, Mo.

19. (a) 10/6/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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) Accidental Unknown

(b) Date of occurrence Unknown

(c) Where did injury occur? Unknown (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? unk

(Specify type of place) _____

While at work _____ (e) Means of injury Poisoning

23. Signature Russell W. Jan (M. D. or other) 3

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.....

Francis Walton....., Registered Apprentice No. 2744
working under my personal supervision.

Signed [Signature].....
Licensed Embalmer No. 2744

P. O. Address Kansas City, Mo.

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

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