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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

DEC 22 1941

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 37357

Registrar's No. 4152

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: K.C.Gen.Hospital No.1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 24 days
In this community about 6 1/2 yrs. (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.: 2054 Holmes
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: ROSCOE MALCOLM

3. (b) If veteran, name war: —

3. (c) Social Security No. 486-01-0531

4. Sex: Male

5. Color or race: W

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

6. (b) Name of husband or wife: Helen B. Malcolm

6. (c) Age of husband or wife if alive: 46 years

7. Birth date of deceased: March (Month) 15 (Day) 1880 (Year)

8. AGE: Years 61 Months 7 Days 22 If less than one day ____ hr. ____ min.

9. Birthplace: Indiana (City, town, or county) / (State or foreign country)

10. Usual occupation: Barber

11. Industry or business: Ed. Massey Barber Shop

MOTHER FATHER
12. Name: No Record
13. Birthplace: Unknown (City, town, or county) G (State or foreign country)

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

16. (a) Informant: Mrs Helen B. Malcolm
(b) Address: 2054 Holmes St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-16-41 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cem.

18. (a) Signature of funeral director: Thos. E. Quirk
(b) Address: 4316 Troost Ave. K.C. Mo

19. (a) 12-8-41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th year 1941 hour 3 minute 25 A. M.

21. I hereby certify that I attended the deceased from 10-14-41, 19__, to 11-7-41, 19__; that I last saw him alive on 11-7-41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic myocarditis with
Due to: cardiac decompensation
Due to:
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: Willey R. Moore (M. D. or other)
Address: Med. Dir. K.C. Gen. Hospital 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: Wilbur L. Kepley

Licensed Embalmer No. 4225

P. O. Address: Independence, Mo

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

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