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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

37368

State File No. _____
Registrar's No. **4163**

DEC 22 1941

Registration District No. **399**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH, **Jackson**
 (a) County **Jackson**
 (b) City or town **Kansas City**
 (c) Name of hospital or institution: **2525 Charlotte**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **7 Years**
 In this community **7 Years**
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: **048**
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **2525 Charlotte**
 (e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **LAURA JELLA**

3. (b) If veteran, name war **Np** 3. (c) Social Security No. **NONE**

4. Sex **Fe.** 5. Color or race **Wh.** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Fred K.** 6. (c) Age of husband or wife if alive **72** years

7. Birth date of deceased **Feb. 3, 1875**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	66	9	6	hr. min.

9. Birthplace **Carthage, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Homemaker**

11. Industry or business _____

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Rose Jella**

(b) Address **2523 Charlotte**

17. (a) **Burial** (b) Date thereof **11-11-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hardy Oak Cemetery, Tongueonoxie**

18. (a) Signature of funeral director **C. H. BLACKMAN & SON, INC.**

(b) Address **2825 Indep. Blvd, K. C. Mo**

19. (a) **11-16-41** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ day **11-9-41** year _____ hour _____ minute _____ M.

21. I hereby certify that I attended _____ from _____ to _____

that I last saw _____ on _____ and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to **Carcinoma of left kidney**

Due to **& extensive metastasis**

Other conditions (Include pregnancy within 3 months of death) **52a**

Major findings: Of operations _____

Of autopsy _____

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) _____
23. Signature **M. M. Crowe** (M. D. or other) _____
Address **K. C. Mo** Date signed _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

APR 20 1951

OCT 22 1951

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 Wilton L. Keeley

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 with the above constitutes grounds for revocation of license.)

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