

37532

No. 2
1-4-41
17-39DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

DEC 22 1941 399
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4327

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day
 In this community 2 Mos
 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. 3021 Montgall
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

Nov. 20th

20. DATE OF DEATH: Month _____ day _____
 year 1941 hour 4 minut 35 P. M.

21. I hereby certify that I attended the deceased from 11-19-41 19____ to 11-20-41 19____
 that I last saw her alive on 11-20-41 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death
Bilateral bronchopneumonia dn fulmi-
nating toxemia (clinical)

Duration

Due to _____

Due to 107 _____

Other conditions
 (Include pregnancy within 5 months of death)

Major findings:
 Of operations _____

Of autopsy See above

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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 _____

23. Signature Dr. M. M. Crow (M. D. or other)
 Address Med. Dir. K.C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME Madden, Carol Lee

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

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive 1 years

7. Birth date of deceased Aug 6 1941
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
		<u>3</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Leonard W. Madden13. Birthplace Miss 1
 (City, town, or county) (State or foreign country)14. Maiden name Esther Jones15. Birthplace Kansas City Missouri
 (City, town, or county) (State or foreign country)16. (a) Informant Leonard W. Madden(b) Address 3021 Montgall17. (a) Burial (b) Date thereof 11/22/41
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Green Harbor's18. (a) Signature of funeral director Ernest Mayberry(b) Address 2315 Linnwood19. (a) 11-22-41 (b) M. M. Crow
 (Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

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 Snow*
Licensed Embalmer No. *2560*
P. O. Address..... *K E 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.